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Health Services

MEDICAL LOGISTICS SUPPORT

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This instruction implements AFPD 41-2, Medical Support. It provides guidance for establishing and operating medical logistics support for Air Force Medical Treatment Facilities (MTFs). This instruction applies to all Air Force, Air Force Reserve and Air National Guard (ANG) activities with an assigned Medical Supply (FM) account as defined by AFI 23-111, Management of Government Property in Possession of the Air Force, Attachment 2. It does not apply to non-FM account supported medical units unless specified within the AFI. Send comments and suggested improvements on AF Form 847, Recommendation for Change of Publication, to AFMOA/SGALO, DMLC Building, 693 Neiman Street, 1st Floor, Fort Detrick, MD 21702-5006 (email: **afmoa.sgalo@detrick.af.mil**). Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, Management of Records, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) accessible through the AF Portal. **Note:** For medical wings, references to medical logistics flight commander and medical support squadron commander shall be interchanged with medical logistics squadron commander and medical support group commander respectively.

Chapter 1

GENERAL AND ADMINISTRATIVE

1.1. Purpose.

1.1.1. Medical Logistics provides equipment, materiel, services, and information to the Air Force (AF) medical mission. This instruction provides logistics policy, procedures, and guidance for Air Force Medical Logistics (AFML) activities. DoDI 5101.15, *DoD Medical Materiel Executive Agent, (MMEA) Implementation Guidance*, provides policy on DoD MMEA and for orchestrating effective and efficient supply chain support for the DoD. AFI 41-201, *Managing Clinical Engineering Programs*, contains facility management and medical equipment maintenance guidance. Defense Medical Logistics Standard Support (DMLSS) system information can be found in AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) Users Manual*.

1.1.2. The primary objective of this instruction is to provide policy and guidance for optimum logistics support to AF medical activities. Effectiveness requires attainment of the following secondary objectives:

1.1.2.1. Support using activities with economical investments in inventory of medical materiel and related services.

1.1.2.2. Maintain all assigned contingency materiel programs, including War Reserve Materiel (WRM), and Pandemic Influenza (PI).

1.1.2.3. Support Medical Countermeasures-Chemical, Biological, Radiological, and Nuclear (MC-CBRN) program Team Chiefs in maintaining their assigned projects.

1.1.2.4. Establish an effective medical equipment management program.

1.1.2.5. Act as the medical treatment facility (MTF) focal point for contracting medical and nonmedical goods and services, to include personal and non-personal professional services.

1.1.2.6. Advise customers, commanders, and administrators on all major logistics matters and considerations that impact MTF operations.

1.1.3. Immediately report any conflict between these policies and other AF publications to AFMOA/SGALO.

1.2. Responsibilities.

1.2.1. General.

1.2.1.1. All personnel are responsible for safeguarding AF property and may be held pecuniary liable for negligent loss or destruction of such property (see AFI 23-111, *Management of Government Property in Possession of the Air Force*).

1.2.1.2. Assignment of responsibilities outlined in this instruction carry the authority to discharge those responsibilities. Unless specifically prohibited, that authority may be delegated to one or more representatives. However, the individual assigned retains the ultimate accountability for the satisfactory completion of the task or duty. Unless

specifically stated otherwise, duties outlined in this instruction are the responsibility of the Medical Logistics Flight Commander (MLFC).

1.2.2. Air Force Medical Operations Agency, Medical Logistics Division, (AFMOA/SGAL):

1.2.2.1. Establishes policies and procedures for managing medical materiel for peacetime and wartime support to the Air Force Medical Service (AFMS).

1.2.2.2. Manages the Air Force Working Capital Fund Medical-Dental Division (AFWCF/MDD).

1.2.2.3. Establishes procedures for all contract services contracting to include professional services.

1.2.2.4. Provides liaison between AF medical logistics activities and the Defense Logistics Agency (DLA), General Services Administration (GSA), and other sources of supply.

1.2.2.5. Furnishes AF requirements for peacetime and wartime medical materiel support to DLA Troop Support.

1.2.2.6. Directs disposition of reported excess medical materiel.

1.2.2.7. Distributes medical materiel information to medical activities as directed by the AF Surgeon General (AF/SG).

1.2.2.8. Develops AF-wide key performance indicators for AFWCF/MDD accounts.

1.2.2.9. Performs AFWCF/MDD management and administrative functions as directed by AF/ SG.

1.2.2.10. Supports development, procures, builds, distributes, retrofits and reconstitutes contingency response assemblages (i.e., WRM, PI, MC-CBRN).

1.2.2.11. Formulates policy on the AF medical equipment maintenance program.

1.2.2.12. Provides data systems analysis, design, and support for assigned projects and functions.

1.2.2.13. Maintains and updates AF medical allowance standards for medical units, and provides guidance for determining medical materiel allowances for nonmedical activities.

1.2.2.14. Serves as medical focal point for military standard systems (MILS) changes. Coordinates proposed and approved changes with the Joint Medical Logistics Functional Development Center (JMLFDC), and provides the AF medical logistics position to the AF MILS focal point.

1.2.2.15. Requests DoD Activity Address Codes (DoDAAC) for new stock record accounts.

1.2.2.16. Develops, publishes, and maintains the Air Force Medical Logistics (AFML) website.

1.2.2.16.1. Reviews and approves all products for distribution through the AFML website.

1.2.2.16.2. Performs an annual review of all AFML website products for currency.

1.2.2.17. Conducts command visits to assist base level medical logistics activities in maintaining an optimum standard of medical logistics support.

1.2.2.18. Determines the effectiveness of medical logistics management within the command.

1.2.2.19. Establishes and maintains the AF medical equipment management office (MEMO) function.

1.2.2.20. Develops, implements, and supervises the AF and command medical equipment maintenance program in coordination with PACAF and USAFE medical logistics functional representatives.

1.2.3. The MTF Commander:

1.2.3.1. Ensures the base Medical Logistics operation is conducted as outlined in this instruction.

1.2.3.2. Appoints, in writing, a Medical Service Corps (MSC) officer as the accountable base medical supply officer (ABMSO) in accordance with (IAW) paragraph 1.3., and AFI 23-111, Attachment 2, paragraph A2.8.

1.2.3.3. Appoints, in writing, property custodians to support Medical Logistics in the requisition, management, accountability, and maintenance of supplies and equipment in the using activities.

1.2.3.3.1. This responsibility can be delegated to the medical Squadron Commanders. If delegated, Squadron Commanders will appoint only custodians assigned to their respective squadrons. Unit commanders of non-MTF supported units will appoint property custodians as required.

1.2.3.3.2. Before a property custodian is relieved from duty, transferred, separated from service, or absent from the account for a period longer than 45 days (see AFMAN 23-110, *USAF Supply Manual*, Volume 2, Part 13, paragraph 8.5.1.8.), the custodian must be out-processed by medical logistics, and the commander will appoint an authorized successor. IAW AFMAN 23-110, Volume 2, Part 2, paragraph 22.29.4., if a Squadron Commander allows a primary equipment custodian to depart a duty station for a period in excess of 45 calendar days and does not appoint a new custodian, the commander will be accountable for the assigned assets.

1.2.3.3.3. Use of an alternate property custodian is optional. However, appointment of an alternate can be an effective means of ensuring supply operations and equipment accountability during absences of the primary custodian. If an alternative is appointed:

1.2.3.3.3.1. The primary custodian retains accountability for all equipment assigned to the using activity IAW DoDI 4140.01, *DoD Supply Chain Materiel Management Policy*.

1.2.3.3.3.2. The alternate will perform all primary custodial responsibilities with, and in the absence of, the primary custodian IAW AFMAN 23-110, *USAF Supply Manual*, Volume 2, Part 13, paragraph 8.5.3. In addition, the alternate custodian should participate in all required equipment inventories when available.

1.2.3.4. Requests for the establishment or reinstatement of a medical Stock Record Account Number (SRAN) (see paragraph 1.5.2.). MAJCOMs may initiate requests for newly activated bases or other operating locations.

1.2.3.5. Designates a unit Report of Survey (ROS) monitor. The monitor will not be assigned to the medical logistics flight/squadron due to potential conflicts of interest resulting from logistics responsibility for maintaining medical supply and equipment accountable records (to include War Reserve Materiel).

1.2.3.6. Appoints disinterested investigating officers for ROS as required (IAW AFMAN 23-220, *Reports of Survey for Air Force Property*, paragraph 4.1.).

1.2.4. The MLFC:

1.2.4.1. Maintains and accounts for all property on the medical stock record account or otherwise entrusted to the care of Medical Logistics (see paragraph 1.3.1.1. for the definition of "accountable officer"). Participates in the Medical Readiness Committee (MRC) IAW AFI 41-106, *Medical Readiness Program Management*.

1.2.4.2. The accountable base medical supply officer (ABMSO) is responsible for:

1.2.4.2.1. The acquisition and issue of all medical supplies and equipment for medical and nonmedical organizations on base. All AFWCF/MDD procurement and inventory management (IM) actions will be processed in the DMLSS automated information system (AIS). All medical equipment and MTF-owned nonmedical equipment will be managed using the DMLSS Equipment Management module. Issues to nonmedical units require MTF Commander (or designated representative) approval (see paragraph 1.2.5.5).

1.2.4.2.2. The maintenance of all accountable property and financial records in DMLSS.

1.2.4.2.3. The physical accountability of all AFWCF/MDD-owned assets (operating inventory and WRM) and in-use equipment (IAW paragraph 7.2.3).

1.2.4.2.4. Ensuring appropriate management controls are in place to minimize occurrences of fraud, negligence, theft, etc. This includes, but is not limited to:

1.2.4.2.4.1. Completing all required inventories in the required timeframes, and ensuring integrity and oversight in the process (i.e., completing all required research and recounts, reporting all inventory adjustments to the MTF inventory adjustment approval authority, etc.). Adjusts accountable records as necessary.

1.2.4.2.4.2. Ensuring adequate levels of security for stored assets (operating inventory, WRM, controlled items). See Chapter 11 and AFI 31-101, *Integrated Defense.*

1.2.4.2.4.3. Establishing and complying with procurement/receipt processes to minimize opportunity for fraud (i.e., ensure the same individual does not order, receive, and issue materiel).

1.2.4.2.5. Oversees and executes the medical prime vendor programs (pharmaceutical and medical/surgical).

1.2.4.3. In support of all medical supply and equipment activities, manages and operates the following programs:

1.2.4.3.1. AFWCF/MDD.

1.2.4.3.2. DMLSS. The MLFC will ensure primary and alternate DMLSS systems administrators (SA) are assigned in the DMLSS AIS IAW AFMAN 41-216, DMLSS Users Manual.

1.2.4.3.3. Inventory management.

1.2.4.3.4. Storage and distribution.

1.2.4.3.5. Equipment procurement, accountability, and repair.

1.2.4.3.6. Facility management.

1.2.4.3.7. Vehicle management.

1.2.4.3.8. Contingency materiel programs under their control, including WRM and PI projects.

1.2.4.3.9. Medical linen supply.

1.2.4.3.10. Nonmedical materiel (MTF only).

1.2.4.4. Ensures all medical logistics personnel research and select sources of supply with the lowest delivered cost, including materiel in WRM and MC-CBRN assemblages.

1.2.4.5. Acts as base-wide authorizing official for government-wide purchase card (GPC) procurements of medical supplies and equipment IAW AFI 64-117, *Air Force Government-Wide Purchase Card (GPC) Program*, paragraph 2.2.3.

1.2.4.6. Reconciles monthly Medical Materiel Management Report with DFAS. Reviews reports, notifies AFMOA/SGALO of discrepancies and initiates corrective action.

1.2.4.7. Ensures deficiencies noted during AFMOA/SGAL site visits, Health Services Inspections, The Joint Commission (TJC), Accreditation Association for Ambulatory Health Care (AAAHC), or other accrediting bodies surveys, and other official inspections/assessments have been corrected, or a plan for correction has been implemented.

1.2.4.8. Establishes a document quality control program.

1.2.4.9. Establishes a quality assurance program and monitors DoD Medical Materiel Quality Control (DoDMMQC) program for medical supplies and devices.

1.2.4.10. Establishes a customer service program IAW paragraph 1.7.

1.2.4.11. Annually reviews support agreements for off base supported activities in coordination with supported units IAW AFI 25-201, *Support Agreements Procedures*. This review can be completed in conjunction with the annual customer support meetings (see paragraph 1.8.5.).

1.2.4.12. Provides job qualification training for medical logistics personnel not assigned to a stock record account (i.e., local AF Reserve or ANG personnel).

1.2.4.13. Ensures appropriate medical logistics personnel assigned to their account are subscribed to the AFML website.

1.2.4.14. Ensures at least one member of the medical logistics activity has Account Manager administrator privileges.

1.2.4.15. Maintains a copy of the property custodian appointment letter in each property custodian folder.

1.2.4.16. CONUS-based medical logistics activities establish new small package carrier accounts with written approval of the installation Transportation Officer IAW AFI 24-203, *Preparation and Movement of Air Force Cargo.* OCONUS medical logistics activities will not establish small package carrier accounts IAW AFI 24-203.

1.2.5. The property custodian:

1.2.5.1. May be appointed property custodian for more than one using activity.

1.2.5.2. Is responsible for all MEMO-controlled organizational equipment charged to the using activity's account.

1.2.5.3. Assists Medical Logistics in determining the appropriate items, quantities to be stocked in the using activity, and the resupply frequency for all required medical and nonmedical supplies. Works with medical logistics to identify and request sources of supply with the lowest delivered cost IAW paragraph 1.2.4.4.

1.2.5.4. Prepares requests for equipment, supplies, and services needed by the using activity.

1.2.5.5. Designates personnel as authorized representatives to request and receive materiel.

1.2.5.6. Notifies Medical Logistics whenever contacted by vendors on procurement or maintenance issues. This includes notification of installation/support for centrally procured assets, or visits by contractor maintenance personnel.

1.3. Organization.

1.3.1. The MTF Commander will appoint in writing, an MSC officer (AFSC 41AX) as accountable base medical supply officer (ABMSO) IAW AFI 23-111, Attachment 2, paragraph A2.8. According to AFI 23-111, paragraph 3.1.1., an accountable officer is, "An individual appointed by proper authority to maintain property records and/or financial records in connection with Government property, irrespective of whether the property is in the individual's possession. These responsibilities cannot be re-delegated."

1.3.2. If an officer is not assigned to the Medical Logistics Flight, AFMOA/SGAL, may approve a waiver appointing a fully qualified senior NCO (AFSC 4A1XX) or civilian equivalent in the grade of GS-11 (or NSPS/WG equivalent) or higher civilian as ABMSO. Generally, the following conditions must exist for a waiver to be approved:

1.3.2.1. Except in extraordinary circumstances, waivers will be granted in cases where the assigned ABMSO is out of the MTF for an extended absence (i.e., deployment).

1.3.2.2. A MSC officer must assume the responsibilities of MLFC with management/supervisory oversight of all logistics-related functions accomplished by the

previously appointed ABMSO (typically medical materiel, MEMO, biomedical equipment maintenance, and Facility Management). The authority of the accountable officer waiver is limited to the procurement, maintenance, and disposition of medical materiel.

1.3.2.3. The waiver is for a fixed period of time (i.e., includes termination date), not to exceed 365 days.

1.3.3. The stock record account must be transferred prior to permanent change of station. If an accountable officer is absent for an extended period of time, the MTF Commander will determine when re-appointment is necessary IAW AFI 23-111, paragraph 5.1.

1.4. Medical Stock Record Accounts.

1.4.1. The identity, address, and other data about AF SRAN and station numbers are in DLM 4000.25, *Defense Logistics Management System (DLMS), Volume 6, Chapter 2, DoD Activity Address Directory (DoDAAD).* The AF SRAN is the DoD Activity Address Code (DoDAAC). See AFMAN 23-110, Volume 1, Part 2, Chapter 1 and AFI 24-230, *Maintaining Air Force DoD Activity Address Codes (DoDAAC).*

1.4.2. Requests for establishment of a new SRAN will be forwarded through command channels to AFMOA/SGALD for approval. The request must include the following data:

1.4.2.1. Type of account (FM).

1.4.2.2. Requester's parent and host base command and organizational designation.

1.4.2.3. Requesting activity's mission and security classification.

1.4.2.4. Transportation account code addresses for mail, freight, and billing (AFI 24-230).

1.4.2.5. Expected transaction volume.

1.4.2.6. Communications capabilities.

1.4.2.7. DUNS number for EDI transactions (**Note:** available at **www.dnb.com**).

1.4.2.8. Personnel authorized and assigned for operation of the account.

1.4.2.9. Present method of property accounting and support.

1.4.2.10. Justification (why existing SRAN(s) cannot be used).

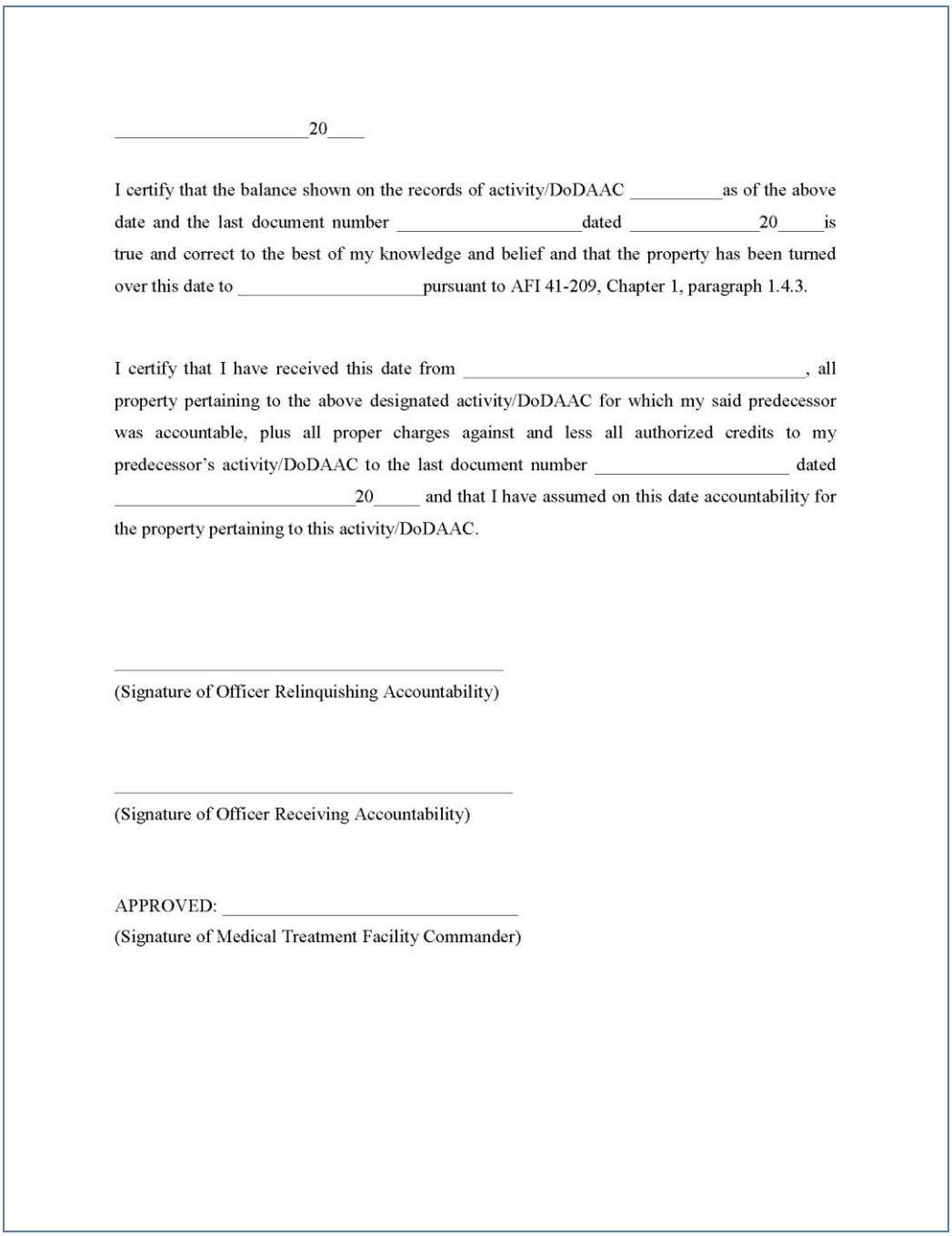
1.4.3. Transfer of accountability. When responsibility for a medical SRAN is transferred, the in-coming and out-going accountable officer will sign certificate of transfer (Figure 1.1.).

1.4.3.1. Retain the original certificate until the incoming accountable officer transfers accountability to a successor and is relieved of accountability.

1.4.3.2. Provide a copy of the certificate to the officer being relieved of accountability.

1.4.3.3. Use the DMLSS Source Document Control Report to determine the last document number required for the certificate.

Figure 1.1. Medical Stock Record Account Certificate of Transfer.



_____20____

I certify that the balance shown on the records of activity/DoDAAC _____as of the above date and the last document number _____dated _____20_____is true and correct to the best of my knowledge and belief and that the property has been turned over this date to _____pursuant to AFI 41-209, Chapter 1, paragraph 1.4.3.

I certify that I have received this date from _____, all property pertaining to the above designated activity/DoDAAC for which my said predecessor was accountable, plus all proper charges against and less all authorized credits to my predecessor's activity/DoDAAC to the last document number _____ dated _____20_____ and that I have assumed on this date accountability for the property pertaining to this activity/DoDAAC.

_____
(Signature of Officer Relinquishing Accountability)

_____
(Signature of Officer Receiving Accountability)

APPROVED: _____
(Signature of Medical Treatment Facility Commander)

1.4.4. Deactivation of a stock record account. Upon receipt of the official notice from the MAJCOM or AFMOA/SGAL, as appropriate, that an account is to be deactivated, the MLFC will submit a letter to the resident auditor or district audit office requesting a written determination of the need for a terminal audit.

1.4.4.1. The letter will include:

1.4.4.1.1. Total inventory value.

1.4.4.1.2. Value of on-hand inventory.

1.4.4.1.3. Number and amount of controlled medical items on the stock record account.

1.4.4.1.4. Any anticipated problems.

1.4.4.2. Submit requests to terminate accounts through the same channels used to request the establishment of new accounts. Requests will include the following information:

1.4.4.2.1. Type and account number.

1.4.4.2.2. Effective date of termination.

1.4.4.2.3. Reason for termination.

1.4.4.2.4. Copy of the letter from the audit agency that a terminal audit is or is not required.

1.4.4.3. The purpose of a terminal audit is to ensure:

1.4.4.3.1. Closure policy and procedures are followed to terminate the medical stock record account.

1.4.4.3.2. Medical Treatment Facility (MTF) assets are properly distributed, disposed of, and accounted for throughout the closure process.

1.4.4.3.3. Documents recording these transactions are properly maintained for audit trail purposes.

1.4.4.4. IAW Title 32 CFR, Part 174, *Revitalizing Base Closure Communities and Addressing Impacts of Realignment*, Subpart E, Personal Property, paragraph 174.13, when an account is to be deactivated, the MLFC will schedule an inventory of medical property items, including an assessment of asset condition, within six months of approval of closure.

1.5. Clinical Engineering Programs.

1.5.1. Clinical engineering includes the functions of facility management and medical equipment repair. In small facilities, the Facility Manager will either be the MLFC or an enlisted/civilian. Larger facilities may have an MSC officer or civilian (for example, GS-1640 series Facility Management or GS-800 series Engineering positions) as the facility manager. The responsibilities for clinical engineering programs are listed in AFI 41-201.

1.5.2. Biomedical equipment repair provides the necessary support for maintaining, repairing, and replacing medical equipment. Biomedical equipment repair technicians (BMETs) work closely with MEMO and facility management in evaluating new equipment requirements and certifying serviceability of existing equipment. MTFs designated as Medical Equipment Repair Centers (MERCs) have responsibility for equipment maintenance and management oversight within their assigned geographic region. MERCs earn additional BMET manpower authorizations to support the active duty, Air Force Reserve Command (AFRC), and ANG units within their region.

1.5.3. Accreditation. Clinical engineering manages the AAAHC, TJC, or other accrediting organizations' programs as specified in appropriate accreditation guidelines and manuals.

The program includes management of the MTFs ground/worker safety, security, hazardous materials and waste, emergency preparedness, fire safety, medical equipment, and utility systems programs.

1.6. Support to Detached Medical Treatment Facilities (MTFs).

1.6.1. This paragraph describes policy and procedures for support of a detached MTF by a host stock record account. See the applicable chapters of this manual and AFMAN 41-216, for specific procedures to account for property located at the detached MTF, and for issues, turn-ins, equipment maintenance, and stock rotation.

1.6.2. Detached MTFs will enter into a support agreement with the host base IAW AFI 25-201. Specific procedures will vary according to factors such as the respective missions of the host and supported unit, distances between supporting/supported units involved, and the scope of support required.

1.6.3. An FY address may be established at the supported unit according to AFMAN 23-110, Volume 1, Part 2, Chapter 1, when distance is a factor and DLA depots or commercial vendors will send shipments directly to the detached MTF. The detached MTF will process receiving reports to the host stock record account within one work day after receipt of the shipment. Controlled substances will not be shipped directly to an FY address, but must be issued from the host stock record account.

1.6.4. Detached MTFs are not required to maintain formal inventory records.

1.6.5. Nonmedical materiel, services, and rentals for a detached MTF will normally be obtained from base supply, base contracting, or by other sources of supply at the supported base. The supported unit should follow the procedures in Chapter 4. The host MEMO will account for nonmedical equipment and rental equipment according to AFMAN 41-216, paragraph 9.7. Exceptions require the specific approval of AFMOA/SGAL.

1.6.6. The host Medical Logistics Flight, in conjunction with the detached MTF, will establish procedures necessary for proper fund control according to this AFI, and AFMAN 41-216, paragraph 2.16. Medical Logistics Flight will provide financial management listings to the supported DFAS unit to ensure an effective interface with the Resource Management System.

1.6.7. Support to AFRC and ANG units includes medical equipment maintenance, medical materiel, and MEMO services. MEMO supports ANG only when ANG permits equipment transfer to the supporting MEMO. Support to AFRC and ANG medical units may only require establishing a project center in DMLSS, depending on the support agreement. Other procedures are in AFMAN 23-110, Volume 1, Part 1, Chapter 17, Sections B and C.

1.7. Customer Service Program. A customer service program will be established at all in-garrison MTF-level medical logistics activities. The involvement of all key medical logistics personnel is critical to the effectiveness of the program including Biomedical Equipment Maintenance and Facility Management. The program will include, but not limited to:

1.7.1. Custodian training:

1.7.1.1. All custodians will receive initial training when first appointed.

1.7.1.2. In addition, the MLFC will conduct periodic training and feedback meetings. It is recommended that these be held in conjunction with the quarterly Cost Center Manager's meetings, but must be held no less frequently than every 12 months.

1.7.2. Newcomers orientation for all newly assigned MTF personnel. This requirement can be satisfied either through a formal orientation briefing, or with a hand-out or MTF intranet page that covers all required areas. At a minimum, this orientation should cover:

1.7.2.1. Key logistics personnel and brief descriptions of their activities.

1.7.2.2. The identity and responsibilities of the individual's property custodian.

1.7.2.3. Personnel responsibilities and liabilities for the proper care of AF property IAW paragraph 1.2.1.1.

1.7.2.4. Actions required under Quality Assurance/Risk Management resulting from the suspension or recall of medical items.

1.7.2.5. The implications of unauthorized obligations (AFI 65-608, *Antideficiency Act Violations*, paragraph 1.3.).

1.7.2.6. Procedures for product demonstration or informal user testing (see paragraph 7.15.2).

1.7.3. Development and distribution of a customer handbook.

1.7.4. All aspects of the customer service program will be documented, and included in the local Medical Logistics self-inspection checklist.

1.8. Air Force Medical Logistics (AFML) website.

1.8.1. Submitting Information for Publication. All medical logistics personnel are encouraged to submit items of interest that impact medical logistics operations for website distribution and/or "News from the Field" publication. Submit articles to the publication editor at **afmoa.sgal.admin@detrick.af.mil.**

1.8.2. Subscribing to the AFML website.

1.8.2.1. To subscribe to the AFML website go to **https://medlog.detrick.af.mil.** The site will read your Common Access Card (CAC) and take you to the Site Setting page. Complete the registration. Ensure your profile data is accurate since it has a direct impact on the Blue Book.

1.8.2.2. Each medical logistics activity will have an Account Manager established IAW paragraph 1.2.4.14. Requests should be sent to: **afmoa.sgald.imit@detrick.af.mil.** User Account Managers may edit user profiles at their location.

1.9. Safety Footwear for Medical Logistics Personnel. Medical logistics personnel (41AX, 4A1X1, 4A2X1, and civilian employees) assigned to a medical stock record account will be issued safety footwear as follows:

1.9.1. Personnel assigned to a medical supply activity will be issued safety toed footwear. Civilian employees whose primary work area is the warehouse will be issued safety toed footwear.

1.9.2. Military and civil service personnel assigned to a biomedical equipment maintenance activity will be issued electrical safety footwear with reinforced toes.

1.10. Reports of Survey.

1.10.1. Reports of Survey (ROS) will be accomplished if any of the following conditions apply:

1.10.1.1. Operating, WRM, and MC-CBRN Supply inventories: adjustments for items with unit costs exceeding $16,000; or total inventory adjustments exceeding $50,000 (see AFMAN 23-220, paragraphs 3.1.6., and 3.1.7.).

1.10.1.2. Equipment inventories (in-use, WRM, and MC-CBRN): all validated losses.

1.10.1.3. Controlled items: all validated losses.

1.10.1.4. As directed by the MTF Commander, applicable medical squadron commander, the designated inventory adjustment approval authority, or MLFC.

1.10.2. ROS process. For all validated losses, medical logistics will:

1.10.2.1. Forward information required to complete blocks 1-8 of the DD Form 200 to the ROS Monitor within ten duty days of validating the losses.

1.10.2.2. Process losses no later than 30 calendar days of notifying the ROS monitor. According to AFMAN 23-220, paragraph 4.15., the inventory loss action will not be affected by the action taken by the ROS approving or appellate authority; therefore, adjustment of the accountable records may occur prior to the completion of the investigation.

1.10.2.2.1. For operating supplies, all WRM (including equipment), and MC-CBRN supplies, process the losses IAW AFMAN 41-216, paragraphs 7.10. and 5.12. Print the inventory adjustment vouchers (IAVs), ensure it is properly certified and approved by the appropriate official (see paragraph 3.36.10.).

1.10.2.2.2. For in-use equipment, process the losses IAW AFMAN 41-216, paragraph 9.62., and print the inventory adjustment document (IAD), and ensure it is properly certified by the MEMO supervisor and approved by the appropriate official (see paragraph 3.36.10.).

1.10.2.3. Maintain file copies of information provided to the ROS monitor, as source documents for inventory adjustments processed, as a result of ROS actions.

1.11. Disposition of Records.

1.11.1. Disposition instructions for medical logistics records are listed under Tables 23-08, 23-20, 23-23, 41-04, and 41-14, on the Air Force Records Information Management System (AFRIMS) website.

1.11.2. Dispose of records created as a result of prescribed processes per AFRIMS, except at base closure locations.

1.11.3. For base closure sites, work closely with the base records manager to ensure proper protection of accountable records (transaction registers, inventory records, DD Forms 1149, Requisition and Invoice/Shipping Document, DD Forms 1348-1, DoD Single Line Item

Release/Receipt Document, etc.) required to be maintained after base closure as "subject to audit."

1.12. Funds. For the purposes of this AFI, Operations and Maintenance (O&M) and Other Procurement (OP) funds refer to Defense Health Program (DHP) appropriations, unless specifically noted otherwise.

1.13. Policies and Procedures. Relief from policies and procedures outlined in this AFI, AFI 41-201, AFI 41-203, and AFMAN 41-216 requires written waivers from AFMOA/SGAL.

Chapter 2

DOCUMENTATION, CODES, RECORDS

2.1. Purpose. The purpose of this chapter is to:

2.1.1. Establish mandatory requirements for use of standardized data elements and codes used in military standard systems such as accounting, reporting, and requisitioning, that have applications to medical logistics. Data element listings are available from the Defense Logistics Agency Customer Assistance Handbook or at their website (**www.dla.mil**). In DMLSS you can find these codes in the table maintenance utility functionality of the system services module.

2.1.2. Identify reports and documents required for the management of a base level medical logistics activity.

2.2. Responsibilities. The MLFC will:

2.2.1. Revise management data entries recorded for medical stock listed items when changes are announced in official communications.

2.2.2. Change management data entries for local purchase and nonmedical materiel as required for efficient materiel management.

2.2.3. Revise locally determined entries such as stock control levels and local substitution data to accurately reflect the current status of the information.

2.2.4. Ensure changes to all of the preceding entries on medical materiel property records and transactions are consistent with the effective date of the change.

2.3. Data Elements and Codes. These codes are intended to standardize procedures and will be used unless otherwise specified. These codes apply to all AF medical logistics activities within the limitations in AFMAN 41-216.

2.4. Data Records.

2.4.1. General. The effective operation of a medical stock record account is dependent upon complete, current, and accurate records.

2.4.2. Accountable property records.

2.4.2.1. The MLFC is accountable for materiel recorded on the property records of the stock record account including in-transit materiel. This accountability continues until the materiel is issued or otherwise properly disposed of.

2.4.2.2. Inventory and related data records provide basic instruments for stock control, maintain a record of accountability, facilitate reporting, and aid in the control of procurements and issues. This is achieved by manual posting or mechanical processing of information from property documents to prescribed data records. The use of document numbers to identify property accounting documents and the maintenance of supporting document files to verify property transactions is necessary for internal control and to establish a clear audit trail.

2.4.3. Record administration.

2.4.3.1. A separate property accounting record will be maintained for each item.

2.4.3.2. Medical materiel records will be disposed of according to applicable tables and rules in the Air Force Records Information Management System (AFRIMS).

2.5. Documents.

2.5.1. General.

2.5.1.1. A medical supply document is an authorized property accounting document that details a property action such as a requisition, receipt, shipment, issue, transfer, or adjustment. It is filed to support formal or informal property accounting records and is subject to inspection or audit. The nature of the supply document and its use, as prescribed by various government directives, determines the requirement for assigning a document number. Each document must contain sufficient information to enable inspectors and auditors to trace the listed property and verify the validity of the transaction.

2.5.1.2. Backup or explanatory material should be retained and filed with the document to which it pertains. This material will be retained as long as related document is retained.

2.5.2. Document numbers.

2.5.2.1. Supply documents are assigned document numbers according to specific transactions being processed (i.e., issues, requisitions, destructions). A document number is not authority to perform a property transaction. Its purpose is to identify the document, establish an audit trail, and aid in filing and retrieval.

2.5.2.2. Document numbers for the local purchase of services and rentals (see paragraph 4.7.5) are manually assigned using a single AF Form 36, *Supply Document Register (Manual)*, or equivalent form. The document number will consist of a locally assigned six-position code unique to the requester (and mutually agreed to by contracting, DFAS, and medical logistics), followed by the four-digit Julian date on which the document number is assigned, and a four-digit serial number ending in 00 (e.g., 3000, 3100, 3200, 3300). Keep supporting documents in a separate folder until quality control is performed on the transaction record.

2.5.2.3. Base medical stock record account numbers (SRAN) consist of the prefix FM followed by a serial number (e.g., FM2050). Place the SRAN, in addition to document numbers, on all accountable documents. See paragraph 4.7.5 for specific guidance on non-AFWCF/MDD purchases.

2.5.3. Document Control.

2.5.3.1. Medical Logistics is responsible for the validity and completeness of all documents before filing. All documents appearing on the IM and MEMO document control registers must be compared to supporting documents (including but not limited to the following fields: document numbers, item ID, unit price, total price, shipping charges, refund codes, quantities, etc.) for accuracy prior to filing in the permanent document file. At a minimum, transactions resulting in Receipts, Gains and Losses, or affecting fund balances will be quality controlled.

2.5.3.2. Invalid documents. If invalid documents are discovered during the quality control process, hold them in suspense pending completion. Medical logistics personnel will ensure prompt action is taken to complete invalid documents. A document may be invalid for reasons such as:

2.5.3.2.1. Absence of required signature or initials.

2.5.3.2.2. Lack of required approval, comments, or signatures.

2.5.3.2.3. Lack of fund citation or fund code.

2.5.3.2.4. Incomplete or missing additional supporting documents.

2.5.3.3. Central files. A central file for numbered documents will be maintained in Acquisitions and MEMO. Numbered Assemblage Management documents appearing on the IM document control register will be filed in Acquisitions. All documents will be filed by serial number block and in numerical sequence.

2.5.3.3.1. Correspondence that completes, substantiates, or validates a document will be filed in chronological order immediately behind the document to which it pertains.

2.5.3.3.2. Annotate canceled documents or local forms to indicate the reason for cancellation. Include the cancellation source, status code, and processing date. Provide justification if the cancellation was locally directed.

2.5.3.3.3. Documents which contain multiple document numbers and are not in proper filing sequence will be cross referenced by placing a manually prepared document in the file in the proper sequence showing "Document #_____. See Document #."

2.5.3.4. Additional MEMO Document Control:

2.5.3.4.1. A property custodian file for each custodian account must be maintained containing supporting documents to include:

2.5.3.4.1.1. Appointment letter signed by the MTF Commander or authorized Squadron Commander.

2.5.3.4.1.2. A current signed Custodian/Receipt Location List (CRL) or CRL resulting from custodian transfer signed by the gaining and losing property custodian.

2.5.3.4.1.3. Signed Custodial Action List adding equipment to the custodian's account (as required).

2.5.3.4.1.4. Loan of property documentation. The DMLSS Loan Receipt/Location List or AF Form 1297, *Temporary Issue Receipt* (as required).

2.5.3.4.2. MEMO will maintain separate expense and investment suspense files for items awaiting approval/comment by higher headquarters and those complete but unfunded. Once procurement action is initiated, transfer the equipment request to the on-order suspense files upon verification of completed action through DMLSS. Upon receipt and issue to the requesting activity, transfer the completed purchase request documentation to permanent files after MEMO records have been properly updated in

DMLSS. Registration on the AFML website is required for all capital equipment items.

2.5.3.4.3. MEMO completed purchase request document files. The document file must be established for audit trail purposes either manually or in an electronic record management (ERM) file and must be maintained for the life of the equipment, or six years three months, whichever is greater. At a minimum, the completed purchase request file must include:

2.5.3.4.3.1. The original equipment request. Include the equipment request document signed by the MTF Commander, Deputy Commander, or Administrator (unless approved minutes are used), and all supporting documentation, such as product literature and price quotes.

2.5.3.4.3.2. A DD Form 448, *Military Interdepartmental Purchase Request (MIPR)* and DD Form 448-2, *Acceptance of MIPR* (if used). Ensure all required attachments are included as outlined in AFI 65-116, *Air Force Purchases Using Military Interdepartmental Purchase Requests*.

2.5.3.4.3.3. The copy of the contract from a DoD Contracting Agency.

2.5.3.4.3.4. Receipt documentation. Include a signed and dated receiving document, normally the DD Form 1155, *Order for Supplies or Services* or a DD Form 250, *Material Inspection Receiving Report*.

2.5.3.4.4. Receipts resulting from MEMO-to-MEMO Transfers. Documents resulting from the loss and receipt/gain of a piece of equipment must be quality controlled and filed by serial number block and in numerical sequence in the MEMO section.

2.5.3.4.5. Receipt of gifts or donations. MEMO will establish a document file for gifts or donations that contain at a minimum:

2.5.3.4.5.1. The signed approval of acceptance for the gift or donation IAW AFI 51-601, *Gifts to the Department of the Air Force*.

2.5.3.4.5.2. Approved equipment request, documenting the Equipment Review Authorization Activity (ERAA) approval of the increased authorization.

2.5.3.4.5.3. A completed AF Form 1348-1A, *Issue Release/Receipt Document or Inventory Adjustment Document*. Process a "Donated-Property-Gain" action to account for the gain of materiel donated to the medical facility.

2.5.3.5. MEMO service contracts: Rental/lease documents shall be maintained with the approved equipment request and filed centrally. MEMO will provide a copy of the signed contract to the property custodian as a reference document or the service contract manager will keep the rental/lease contracts with the approved equipment request and give a copy of the contract to the using activity property custodian. The property custodian will certify the equipment is on hand and functioning, as required by the contract, and will forward the certification to medical logistics.

2.5.3.6. Registers, forms, and files prescribed for personal retention items.

2.5.3.7. Electronic Record Management (ERM) is the preferred method for filing documents.

2.5.3.8. Filing standards for all documents will be IAW Air Force Records Information Management System (AFRIMS) and AFMAN 41-216.

2.5.3.9. Loss of Documentation. If a document cannot be found, conduct a search for the missing document. If the missing document cannot be found, request a duplicate copy from the initiating activity or prepare a facsimile. Data needed to prepare a facsimile may be available in suspense files, or from transportation, contracting, or accounting and finance (A&F). If the information cannot be obtained from these sources, obtain sufficient data to identify the document from the document register and contact the preparing activity for a duplicate copy of the requisition or shipping document, as applicable. Use the facsimile or duplicate copy to determine if the document had been processed through the stock record account. Take action to process the document, if required. The document number assigned to the original lost document will be reassigned to the facsimile or duplicate copy.

2.6. Reports.

2.6.1. General.

2.6.1.1. This section contains policy and procedures on medical materiel reports that are applicable to all medical stock record accounts.

2.6.1.2. Submit all reports to AFMOA/SGALO upon the termination of any stock record account and annotate as the final report from that account.

2.6.2. Report submissions and consolidations.

2.6.2.1. Process reports IAW AFMAN 41-216.

2.6.2.2. Report images are automatically sent electronically to AFMOA/SGAL immediately following the end-of-month (EOM) cycle.

2.6.2.2.1. AFMOA/SGALO will consolidate reports immediately upon receipt. The last two years of reports are available through the AFML website.

2.6.2.2.2. AFMOA/SGALO will analyze all reports and may request additional information from an account as required. The account will respond to inquiries within 10 working days.

2.6.2.3. The Balance List by Account Requirement Code (ARC) and Strat will be forwarded to DFAS immediately on request, in the event the electronic copy is not received.

2.6.3. AFWCF/MDD budget/revisions.

2.6.3.1. AFMOA/SGALO is the Division Management Office (DMO) for the AFWCF/MDD and is responsible for budget preparation and revisions. AFMOA/SGALO prepares the budget using historical information.

2.6.3.2. AFWCF/MDD operating budgets are considered privileged information and will be marked "FOR OFFICIAL USE ONLY."

2.6.4. Each month, the DFAS field site prepares and submits a trial balance report to the DFAS- CO. The trial balance is the official accounting record used in the management of the AFWCF/MDD. It contains summary dollar data as of the reporting date for all United States Standard General Ledger (USSGL) accounts. Each month the fund manager will verify balances on the trial balance with the DMLSS Balance List by ARC and Strat Report. Verification of these reports is essential in order to maintain financial integrity within the MDD, and research any variances and determine their causes.

2.6.5. Management reports.

2.6.5.1. The Medical Materiel Management Report (MMMR) is used to evaluate the financial posture of the AFWCF/MDD inventory, and also in the preparation of financial plans and budget calls. The report is generated monthly by DFAS for the base and AFMOA/SGALO.

2.6.5.2. The report stratifies inventory actions to allow segregation of peacetime and WRM actions, to allow accurate reporting and surcharge calculations.

2.6.5.3. The MMMR should be reconciled monthly to the Balance List by ARC and Strat Report to ensure the correct financial state of the AFWCF/MDD is being reported by DFAS. Discrepancies should be brought to the attention of the DFAS field site responsible for the report.

Chapter 3

INVENTORY MANAGEMENT

Section 3A—Inventory Stratification

3.1. Purpose. The purpose of this chapter is to provide policy guidance on managing and accounting for AFWCF/MDD-owned inventories.

3.2. Responsibilities.

3.2.1. The MLFC will:

3.2.1.1. Manage materiel requirements for the MTF and supported units.

3.2.1.2. Act as the primary funds manager for the local "FM****" account.

3.3. General.

3.3.1. This section provides guidance and information on the inventory/capital control concept under AFWCF/MDD operations and on economic retention, reparable, special projects, and suspended inventory stratification categories. It also provides policies and general guidance on medical stock record account operating inventory control. All inventory stratification categories used for assets on hand are listed in AFMAN 41-216, Chapter 5. The MLFC is responsible for the proper stratification of the property on the medical stock record account. Stratification processing procedures are in AFMAN 41-216, Chapter 5.

3.3.2. The AFWCF/MDD is established through an Act of Congress (10 U.S.C.2208), and gives the Secretary of Defense authority to finance inventories through DoD working capital funds. The MDD is part of the AF Supply Management Activity Group (SMAG). The MDD issues inventory to customers whose funded orders are recognized as revenue. MDD is authorized contract authority to incur expenses when replenishing inventory.

3.3.3. The AFWCF/MDD is designed to operate on a break-even basis. This organizing principle encourages attention to financial, logistical, and technical aspects of operations. Medical Logistics accomplishes AFWCF/MDD business at the local level, therefore it is imperative that MTF medical logistics personnel review and analyze DFAS and DMLSS-produced MDD financial reports.

3.4. Inventory/Capital Control of Air Force Working Capital Fund Medical/Dental Division (AFWCF/MDD) Accounts.

3.4.1. The inventory/capital control concept used by AFWCF/MDD accounts makes the fund financially dependent on reimbursements for items issued. It requires critically evaluating purchase prices as well as quality and delivery-speed of goods ordered. Losses to the fund are recovered through application of a surcharge. An obligation ceiling is present that cannot be exceeded by the AFWCF/MDD. If the ceiling is exceeded at division level at the end of the fiscal year (i.e., 30 Sep), an anti-deficiency violation occurs.

3.4.2. Under the inventory/capital control concept, the AFWCF/MDD operates as a revolving fund. If a customer has O&M funds available and buys materiel from the MDD, those funds replenish the AFWCF/MDD, and become available for the purchase of replacement materiel.

3.4.3. Inventory control is achieved by the establishment of local policy necessary to minimize the costs of carrying too much or too little inventory. Inventory carrying costs (storage space, use of capital, warehouse manpower, and deterioration/expiration of stock) must be balanced against the cost of being without the item when it's required (clinical implications, premium transportation, manpower associated with processing additional orders). Other considerations of an inventory policy include reliability of sources of supply, impact on patient care, potential for quantity discounts, etc.

3.5. Types of Air Force Working Capital Fund/ Medical Dental Division (AFWCF/MDD) Inventory.

3.5.1. Operating Inventory. Medical logistics maintains this inventory to provide supplies as needed for supported customers. Equipment is not maintained or managed in the operating inventory due to AFWCF/MDD inventory control policies.

3.5.2. Economic Retention.

3.5.2.1. Economic retention is on-hand materiel above current operating needs, but can be used within 12 months (based on documented issue history) or if it is determined to be more economical than future procurement.

3.5.2.2. DMLSS computes the economic retention stock for operating inventory and identifies the amount on the Inventory Management Stock Status Report. Review this amount and retain if there is a reasonable probability that the materiel will be used within the next 12 months.

3.5.2.3. Materiel on hand that exceeds the sum of the stock control level and the amount authorized for economic retention will be applied first to WRM requirements, second to special project requirements, then declared as excess.

3.5.3. Special Projects. The Special Projects category is used to separately identify and control medical materiel required for specific unique purposes. Major Commands (MAJCOMs) will direct and approve items to be maintained in the special projects category and will direct the tasking of these special projects.

3.5.4. Repairable and Suspended Inventories. These stratification categories identify items requiring repair or are suspended from issue and use. Promptly separate items being repaired or in unserviceable condition from serviceable items. Ensure assets are stratified into the proper category. Do not use these inventory categories to segregate warehouse inventory discrepancies.

3.5.5. Excess. Materiel is excess when it meets all of the conditions outlined in paragraph 3.47.

3.5.6. War Reserve Materiel (Note: see Chapter 13). WRM is materiel required in addition to primary operating stocks, to attain in-place or deployment (mobility) objectives in the scenarios approved for sustainability planning in the Defense Planning Guidance. Medical WRM supports the capability of a medical unit to function effectively in a contingency situation, and is procured and maintained in the AFWCF/MDD.

3.6. Inventory Control Policies.

3.6.1. Inventory control policies and decisions must be made based on local needs, economic investment in inventory, customer requirements, and the medical mission. Three main inventory control methods are stockless, just-in-time (JIT), and economic order quantity (EOQ).

3.6.1.1. The use of a stockless or JIT method reduces warehouse inventory and associated overhead costs of operating a warehouse.

3.6.1.1.1. Electing to use a stockless or JIT inventory method requires extremely reliable suppliers and short delivery timeframes (24 hours to five days maximum). Choosing to go stockless or JIT allows the MLFC to focus manpower on providing logistics services in other functional areas such as Acquisitions, MEMO, Forward Logistics, etc.

3.6.1.1.2. There are risks associated with stockless or JIT inventory methods since safety stocks are generally not available for demand fluctuations, inclement weather, etc. Prior to implementing a stockless or JIT inventory policy, the MLFC should consider the following:

3.6.1.1.2.1. Reliability of suppliers for different commodity lines.

3.6.1.1.2.2. Ability of medical logistics staff to support ordering and receiving more frequently.

3.6.1.1.2.3. Availability of adequate distribution systems and materiel handling equipment.

3.6.1.1.2.4. Availability of alternate supply sources.

3.6.1.2. The EOQ inventory control method maintains warehouse inventories for regularly used items using a minimum-maximum system to control on-hand balances. The EOQ method is best suited for items with long (greater than one week) pipeline times.

3.6.1.2.1. Several factors are used when determining the stock control level for items managed under the EOQ method (see paragraph 3.6.3.). EOQ is broken down as follows:

3.6.1.2.1.1. Stock Control Level—the planned maximum position.

3.6.1.2.1.2. Safety Level—the planned minimum stock position. The number of days of stock (user determined or default) to be kept in operating inventory as a "safety" or "backup" position, allowing for fluctuations in demand and pipeline time.

3.6.1.2.1.3. Economic Order Quantity—the number of days of stock (user determined or default) deemed economically prudent to requisition, based on consumption history and item cost.

3.6.1.2.1.4. Pipeline Time—the number of calendar days between the date of requisition and the date received.

3.6.1.2.2. DMLSS automates EOQ computation and ordering. However, the MLFC can modify the default values assigned to the safety level and economic order

quantity factors for a specific supply source. Prior to modifying the values for a supply source, the MLFC should consider the following:

3.6.1.2.2.1. The planned maximum and minimum stock position (in days) for the entire logistics operation.

3.6.1.2.2.2. How often the logistics staff can support ordering and receiving items from the supply source (this will be the EOQ factor).

3.6.1.2.2.3. Reliability of the supply source, pipeline time, and special transportation requirements for delivery to the MTF.

3.6.1.2.2.4. Consumption history.

3.6.1.2.3. Reliable supply sources should allow the safety level and EOQ factors to be lowered from the initial defaults. Modifying and reviewing the inventory control method used is an ongoing process. Regardless of inventory objectives and published goals, the MLFC will ensure the medical mission is not compromised by an overly aggressive inventory control policy.

3.6.2. Variations in stock control levels may be necessary for certain items and under certain conditions, such as:

3.6.2.1. Non-rotatable expiration-dated items.

3.6.2.2. Changes in MTF beneficiary population.

3.6.2.3. Foreseeable changes in the demand for an item.

3.6.2.4. Demand that cannot be accurately projected (i.e., seasonal items).

3.6.3. Special inventory control actions.

3.6.3.1. AFML activities calculate levels by using the days of stock computation within the DMLSS computations tab of the MM service detail IAW AFMAN 41-216, Chapter 4. This selection locks out other stock leveling methods.

3.6.3.2. The MLFC or SA will ensure the detail billing required box within the customer detail funding tab of System Services remains unchecked to ensure summary transactions are passed to finance.

3.6.3.3. Medical Logistics will ensure labels for critical bar code changes are printed and posted to shelves for activities scanned using hand held terminals (HHT). Critical bar codes result from major changes to a catalog record. Failure to print and properly post bar code changes may result in user orders rejecting prior to being passed to medical logistics.

3.6.4. Special financial transactions.

3.6.4.1. Either resource management or medical logistics may accomplish fund loads for medical activities.

3.6.4.2. Funds will be loaded at the project center level. Expenses by project center or expense center may be monitored through Business Objects and/or System Services reports. Medical logistic will perform funds quality control.

3.6.4.3. At the start of each fiscal year (1 Oct), the maintenance labor rate will be provided to SA by AFMOA/SGALE. The new labor rate is entered in Systems Services. Medical Equipment Repair Center (MERC)/Biomedical Equipment Repair (BMER) operations will not reallocate costs to customers. MERC/BMER operations remain non-reimbursable within the system services maintenance account (MA) service/customer detail.

3.6.4.4. To ensure proper passing of financial records, SAs will set end-of-period (EOP) processing to automatic for daily/monthly processing; Saturday/Sunday processing will remain optional.

3.6.4.4.1. Medical logistics activities should not use manual EOP processing for 30 Sep.

3.6.4.4.2. If the activity determines it is best to process any EOP as a manual process based on local requirements, the MLFC or SA must coordinate with AFMOA/SGALD prior to processing. DMLSS will automatically begin the end of day/end of month/end of fiscal year (EOD/EOM/EOFY) processing cycle at 2350 on 30 Sep. This automated processing cycle cannot be adjusted or modified.

3.7. New Item Inventory Control.

3.7.1. The MLFC will consider stocking new items that the customer indicates will have recurring demand in operating inventory (see paragraph 3.6.1. for factors to be considered).

3.7.2. Once the decision to stock a new item has been made, the static level should not normally exceed what is required to cover pipeline time plus one month's projected usage. The initial quantity backordered to the requesting activity should be no more than the projected shopping guide/customer catalog level. In the short term, closely control the initial issue of the new item to ensure accurate consumption history.

3.7.3. Once a new item has consumption recorded in two separate months and three months have elapsed since the initial issue, the DMLSS AIS will suggest the unique level code or static level in the stock control level be removed. Prior to removing the unique/static level code, view the recorded consumption history to determine if realistic issue history has been recorded. If it appears that unrealistic issue history has been recorded, adjust the level and leave the unique/static level code intact.

Section 3B—Issues and Due-Outs

3.8. Medical Materiel Support.

3.8.1. Medical Logistics is responsible for supplying the MTF's materiel requirements. Medical logistics also provides medical materiel to other authorized base and tenant activities, other DoD activities and other government activities under support agreements. Nonmedical materiel support is provided only to the host MTF.

3.8.2. Each medical using activity is authorized the minimum stocks of recurring demand consumable and durable supplies needed for continuity of operations until replacement items can be obtained. The actual stock level is based upon average usage and resupply frequency.

3.9. Control of Issues from the Air Force Working Capital Fund/Medical-Dental Division (AFWCF/MDD).

3.9.1. Issue of AFWCF/MDD materiel requires reimbursement except for some materiel obtained through excess redistribution.

3.9.1.1. Issue excess materiel received from other accounts with no operating level on a non-reimbursable basis. Issue excess materiel ordered to support an operating level on a reimbursable basis.

3.9.1.2. Issue materiel received as a result of credit memos on a reimbursable basis (see paragraph 3.42.).

3.9.1.3. Make other exceptions only if specifically authorized in writing by the AFWCF/MDD manager (AFMOA/SGALO).

3.9.1.4. Do not issue medical materiel unless sufficient customer funds are available to cover the cost of the materiel. DMLSS will obligate customer funds at the time of order, and reimburse the AFWCF/MDD with their funds at the time issue requests are accepted and recorded. The only exception is to prevent loss of life or undue suffering.

3.9.2. Use expense centers and project centers to control funds for materiel issues.

3.9.3. Issue Investment Equipment on a non-refundable/non-reimbursable basis.

3.9.4. Expendable medical supplies may be issued to DoD Dependents Schools (DoDDS). DoDDS are not required to reimburse the supporting medical facility (IAW DoD 1342.6-M, *Administrative and Logistics Responsibilities for DoDDS*, AP3.15.3.). Once approved by the MTF Commander, issue these supplies from the AFWCF/MDD as reimbursable to the MTF under XX5932, special activity cost center.

3.9.5. When establishing or revising a Project Center or Expense Center, Medical Logistics will coordinate the changes with their Resource Management Office (RMO). This will ensure materiel issues to the new/revised Project and Expense Centers will process without rejecting in DFAS, preventing an out of balance condition between DFAS and DMLSS.

3.10. General Issue Instructions.

3.10.1. Customers may submit urgent, unscheduled, and emergency requests at any time.

3.10.2. The issue of any pharmaceutical item is limited to those accounts with authorized drug lists approved by the MTF commander with the recommendation of the Pharmacy and Therapeutics Function (PTF). Requests for items must be approved by the PTF and revalidated annually. The only authorized exception is for Force Health Protection Prescription Products (FHPPP) for deploying personnel (see paragraph 13.27.4.5.).

3.10.3. Consider establishing stock levels for recurring issue items. Initial requirements for recurring consumables and durables must be carefully coordinated between medical logistics and the user to ensure both the using activity and stock record account levels are based on actual or expected usage.

3.10.4. Stock levels will not be established for nonrecurring issue items. This category includes items with no foreseeable demand within six months, special use items for initial

outfitting, trial use items, vaccines for annual immunization programs, and items fabricated or prepared for an individual.

3.10.5. Equipment items will not be issued unless properly authorized (see paragraph 7.7.). The Equipment Balance Report shows both authorizations and in-use assets.

3.10.6. Medical logistics will normally provide local purchase (LP) support. Activities which are sufficiently removed from a host base may be authorized to purchase emergency requirements for stock listed items from commercial sources. This process will be closely managed and quantities purchased will be limited to that required for the emergency.

3.10.7. Medical materiel may be issued to other supported activities upon approval by the MTF commander or their authorized representative.

3.10.7.1. Control funds for issues to other supported activities through project center records.

3.10.7.2. Guidance for providing logistics support to active duty Air Reserve Component (ARC—Air Force Reserve and Air National Guard) tenant units is in AFI 25-201, *Support Agreements Procedures*. See DFAS-DER 7010-2, *Commercial Transactions at Base Level*, for reimbursement or refunds for medical materiel issued to AF tenants.

3.10.8. Notify AFMOA/SGALO when requests to provide logistics support are forwarded from Army or Navy activities. DoD components supported by an AFML activity will be supplied from base medical stocks the same as AF activities, except that:

3.10.8.1. AF accountability for supplies and equipment will terminate when the materiel is issued.

3.10.8.2. Issue of equipment to DoD components will not be controlled by AF authorization documents.

3.10.8.3. DoD components will use the appropriate fund cite upon establishing a Project Center or Expense Center through accounting and finance via the RMO.

3.10.8.4. When DoD components are supported by AFWCF/MDD accounts, the AFWCF/MDD will be reimbursed for the materiel issued. Obtain reimbursement according to the host/tenant support agreement.

3.10.9. AF activities which receive logistics support from DoD components will include an appropriate funds citation and the AF activity to be billed, on all issue requests.

3.10.10. Issue medical kits to activities only to satisfy allowance standard (AS), technical order (TO), or local requirements. The MTF Commander may grant authorizations after considering the availability of other medical services and supplies. At the time of receipt or issue, the MLFC will examine all kits and sets to ensure compliance with TO 00-35A-39, *Instructions for Procurement, Issue, Use and Maintenance of Medical Kits*, and applicable requirements of this AFI. Initial issue of kits is unit funded.

3.11. Back Order Procedures.

3.11.1. When requested items are not available for immediate issue, establish a backorder.

3.11.2. Do not put backordered items on subsequent issue requests from the same customer unless an additional requirement develops.

3.11.3. Regular follow-up must be performed on all backorders. It is imperative that accounts be proactive in following-up outstanding backorders to determine cause of backorder and possible delivery date (see AFMAN 41-216, Chap 5).

3.11.4. Medical Logistics will coordinate with custodians and notify them of the status of backorders and provide assistance in finding substitute items or cancel items no longer needed. Status of backordered items will be provided to custodians as needed.

3.11.5. A property custodian can cancel any due-out that is not in an obligation state by the AFWCF/MDD at anytime without charge. If an order is committed, a confirmation of cancellation will be obtained from the source of supply before cancelling the customer due-out.

3.12. Warehouse Refusals. When items have been processed for issue but cannot be located within the warehouse, follow the warehouse refusal procedures in AFMAN 41-216.

3.13. Authorization to Request and Receipt for Materiel.

3.13.1. Signature receipt is required for the types of issues listed below.

3.13.1.1. Controlled (notes code Q and R) items.

3.13.1.2. Equipment.

3.13.1.3. Issues to non-MTF cost centers.

3.13.2. Property custodians may designate military and civilian personnel as authorized representatives to request and receipt for materiel. The property custodian assumes full responsibility for all materiel requested and received by authorized representatives.

3.13.2.1. The property custodian will make the delegation of authority in writing and forward it with signatures of the authorized representatives to medical logistics. File the original in medical supply and place a copy in the property custodian folder.

3.13.2.2. For controlled items (code Q and R), the letter of authorization will include the printed names and signature of the authorized individuals. The original copy of the letter of authorization will be maintained in the controlled item storage area (vault).

3.14. Forward Logistics.

3.14.1. Forward Logistics (FL) seeks to provide complete medical logistics support to MTF customers through the development of a proactive logistics function responsive to customer needs.

3.14.1.1. Improve customer service.

3.14.1.2. Reduce O&M inventories.

3.14.1.3. Reduce clinical personnel involvement in logistics functions.

3.14.1.4. Reduce AFWCF/MDD inventory required to support customers.

3.14.1.5. Reduce re-work due to incorrect or incomplete requisitions.

3.14.1.6. Effectively utilize medical logistics personnel through proactive management of customer inventories, resupply processes, and new item request process (due to reductions in re-work, emergency walk-throughs, etc.).

3.14.1.7. Improve relations and trust in the medical logistics system.

3.15. Outpatient Support. The clinic in which the patient receives care will provide supply support.

3.16. Nonmedical Units.

3.16.1. Independent Duty Medical Technicians (IDMTs) and personnel who support mobile medical units/remote sites will obtain required medical materiel in the same manner as MTF activities. These activities use the same storage, issue, accounting, and inventory procedures and precautions required for drugs as an MTF activity. (See AFI 44-103, *The Air Force Independent Duty Medical Technician Program*).

3.16.2. Aeromedical Evacuation Squadron personnel receive required medical materiel from their assigned host MTF activity. They will use the same storage, issue, accounting, and inventory procedures and precautions required for drugs/equipment as an MTF activity. (See AFI 10-2909, *Aeromedical Evacuation Equipment Standards*, AFI 11-2 AE Vol III, *Aeromedical Evacuation (AE) Operations Procedures*. Requests for medical materiel by other activities not covered by published directives will be forwarded through command channels to AFMOA/SGAL for approval prior to issue.

3.17. Medical Supplies for First Responders.

3.17.1. The MTF will utilize Defense Health Program (DHP) O&M funds for procurement of expendable supplies for Civil Engineering (CE) first responders. Service Customer/Expense Center XX5890 will be used to issue medical supplies to CE first responders.

3.17.2. Items to be purchased out of this account will be limited to expendable supplies used for on-base response to medical emergencies. Durable supplies (electronic thermometers, etc.), equipment, vehicles or manpower will be funded with CE O&M funds (28036), not DHP. In addition, items procured with DHP funds will not be utilized for training or exercises, including Medical Countermeasures-Chemical, Biological, Radiological, and Nuclear (MC-CBRN) events or exercises.

Section 3C—Requirements, Requisitions, and Due-Ins

3.18. General.

3.18.1. This section provides policies and procedures for preparing and submitting requisitions and related documents.

3.18.2. Policies include the application of Military Standard Requisitioning and Issue Procedures (MILSTRIP) and the Uniform Materiel Movement and Issue Priority System (UMMIPS). They are applicable to requisitions for medical materiel submitted to:

3.18.2.1. Any Defense Logistics Agency (DLA) activity.

3.18.2.2. AFMOA/SGAL.

3.18.2.3. General Services Administration (GSA).

3.19. Uniform Materiel Movement and Issue Priority System (UMMIPS).

3.19.1. The purpose of UMMIPS is:

3.19.1.1. To ensure the proper ranking of materiel requirements considering the importance of the requiring activity's mission and the urgency of need for the materiel.

3.19.1.2. To prescribe incremental time standards for requisition processing and materiel movement.

3.19.2. MAJCOMs or AFMOA/SGAL advise all subordinate elements of their assigned precedence ratings and force activity designators (FAD) annually and whenever FADs are changed. Forward inquiries about AF precedence ratings or FAD assignments through AFMOA/SGALO to AF/A4LM.

3.19.3. The assigned FAD together with the urgency of need designator (UND) is used in determining priority designators. Medical activities cannot use priority designators 01 or 02. Medical activities may use priority designator 03 in specific circumstances (see the DLA Customer Assistance Handbook). Priority designators 03-08 will only be used to replenish in-garrison WRM when directed or approved by AFMOA/SGALX.

3.19.4. A requisition modifier may be used to change the priority designator code or required delivery date. Quantities may also be entered if the modifier is for a partial cancellation or cancellation follow-up. See AFMAN 41-216, for proper procedures.

3.19.5. To accurately evaluate the total performance of UMMIPS, the date placed on the requisition (positions 7-10 of the document number) must be the date of transmittal by the requisitioner.

3.19.6. A required delivery date (RDD) is the Julian date when the materiel is actually required by the requisitioner and should be used only if normal UMMIPS time frames are not acceptable. If the RDD field of the requisition is left blank, the depot will ship the materiel as routine regardless of the priority code assigned.

3.20. Manual Preparation of Requisitions. Prepare manual requisitions IAW Attachment 4.

3.21. Submission of Requisitions.

3.21.1. Submit requisitions to the source indicated by the routing identifier code and acquisition advice code listed in the applicable cataloging document. For requisitions submitted to DLA, see the DLA Customer Assistance Handbook. When applicable, submit DLA requisition or follow-up correspondence to DLA/MRCE for priority 03 requisitions or DLA/MAMC for priority 04-15 requisitions.

3.21.2. When a requisition is transmitted by telephone, furnish all information required for the transaction IAW Attachment 4, and any additional information required to support the request.

3.21.3. When requisitions are relayed by telephone, radio or message, do not send required confirmation. Prepare follow-ups IAW DLA Customer Assistance Handbook.

3.22. Funding.

3.22.1. Signal and fund codes are mandatory entries. The fund code indicates to the supply source that funds are available to pay for the requisitioned materiel. The signal code identifies the activity to receive and pay the bill.

3.22.2. Precertification of funds for requisitions for materiel for the AFWCF/MDD (fund code 6B) is not required.

3.22.3. Requisitions for operating investment equipment items are funded and processed by AFMOA/SGALE (see Chapter 7), and procured with Other Procurement funds. Process a MEMO in-shipment in DMLSS at time of receipt. AFWCF/MDD funds cannot be used to purchase peacetime operating capital (investment) equipment.

3.23. Special Requisitioning Instructions.

3.23.1. Restricted Items. Send requisitions for medical items centrally or service-controlled (acquisition advice code A, J, X, W, etc.) to the source of supply listed in the applicable cataloging publication (UDR, etc.). If necessary, the source of supply will refer the requisition to the appropriate control point for review and approval.

3.23.2. Stationary Medical X-ray Systems. Follow procedures in AFI 41-201, *Managing Clinical Engineering Programs,* Chapter 2.

3.23.3. Requisitions for Contingency Materiel. When requisitioning dated items from DLA sources, use requisition transaction advice code 2G, 23, 24, 29 or 31. If ordering from the prime vendor (PV), coordinate with the vendor to ensure receipt of materiel with the longest shelf life. If a requisition for contingency materiel is canceled or rejected because the national stock number (NSN) is invalid, obsolete, or items are no longer available, requisitioners should check the current AS. If the NSN is still listed as valid in the AS, contact AFMOA/SGALX. Priority designator 03-08 will only be used to replenish in-garrison WRM when directed to, or approved by, AFMOA/SGALX.

3.23.4. When requisitioning expiration-dated items with short shelflife (six months or less) for immediate needs or stockage objectives, overseas activities should use priority designator 03 regardless of FAD assignment. Activities in CONUS should consider LP for immediate need items.

3.23.5. Do not requisition WRM SG Managed equipment or supplies. AFMOA/SGAL provides funding for these assets from the appropriate source based on planned replacements and identified shortages. AFMOA/SGALX will provide status information and notify affected accounts to establish due-ins as needed (see paragraph 13.17).

3.23.6. Requisitions for influenza vaccine are normally routed to AFMOA/SGALC. Each year AFMOA/SGALC will announce when website ordering will commence for the next influenza vaccine season. Users will obtain a password for the website and enter the requirements for their MTF and supported units. AFMOA/SGALC will consolidate all AF requirements and place the orders to DLA Troop Support. MTFs will establish reimbursable due-ins and due-outs for the quantities using the stock numbers and document numbers provided by AFMOA/SGALC.

3.24. Processing Requirements on an Exception Basis.

3.24.1. Medical requisitions may be processed on an exception basis when transportation data is required to ensure timely support of:

3.24.1.1. Priority designator 03 requisitions submitted to DLA Troop Support for medical materiel associated with medical emergencies of a life-saving nature.

3.24.1.2. Joint Chiefs of Staff/military service approved projects associated with emergency conditions.

3.24.2. When commercial airlift is cited as a requirement and shipment is destined outside CONUS, Alaska or Hawaii, the requisition must include the appropriate O&M transportation account code/fund cite, and be cleared with the appropriate air clearance authority at least 24 hours prior to shipment. "Life or death" requirements will be shipped by the mode indicated on the requisition or the fastest available means regardless of whether or not transportation funds are cited. DLA will be reimbursed for transportation expenses after the fact.

3.24.3. Transmit requisitions IAW DLA Customer Assistance Handbook. To indicate inclusion of exception data, the third position of the document identifier must be 5 or E (see Attachment 4).

3.24.4. Use the instructions in paragraph 4.10. to prepare a life-saving medical emergency requisition. The remarks section of the message should include any exception data such as physician's name, key telephone numbers, clear nomenclature, and appropriate strength to facilitate procurement of the required materiel.

3.24.5. If the item is available, order from the PV. This will ensure receipt of the materiel when required and reduce premium transportation costs required to meet the RDD.

3.24.6. GSA managed items are divided generally into four categories: centrally stocked, centrally procured but not stocked, federal supply schedule, and LP. The GSA distribution system issues stocked items to users in response to requisitions. Requisitions for non-stocked items are passed to the vendor for direct delivery to the user.

3.24.7. Federal Supply Schedules. GSA contracts for articles and services that are not normally available from the centrally stocked or centrally procured program. Federal supply schedules provide direct vendor delivery of the items and services listed in the schedules. Schedules contain ordering instructions, price lists, expiration dates, and often have minimum and maximum order limits. Individual schedules may be obtained from appropriate GSA regional offices or **http://www.gsaelibrary.gsa.gov/elibMain/home.do.** GSA publication, *Guide to Sources of Supply and Service*, contains a list of all federal supply schedules, geographical coverage for each schedule, the primary users, and instructions for ordering from the schedules. GSA regional offices have term contracts for maintenance, repair, and rehabilitation of many items, such as hospital, office, and household furniture.

Section 3D—Receipts Resulting from Requisitions

3.25. General.

3.25.1. This section provides guidance on processing requisition receipts including identifying, inspecting, checking, and accepting materiel.

3.25.2. One hundred percent of all orders will be inspected to include verifying the quantity received, item identity (part number, nomenclature, etc.), and condition of the items received. The inspector will sign or stamp the stock record copy of the release/receipt document, and the receipt will be processed by a qualified and certified receiving agent. If items are received using a DMLSS Hand Held Terminal (HHT), the receipt document will be printed and then signed or stamped by the qualified/certified receiving agent.

3.25.3. Ensure controlled medical item receipts are completed IAW Chapter 5. Secure controlled items immediately upon receipt.

3.25.4. List all discrepancies, shortages, overages, and condition on the receipt document.

3.25.5. Forward a shipment intended for another activity, but received in error, to the consignee or Installation Transportation Officer (TO).

3.25.6. The vendor's responsibility is fulfilled when the shipment is delivered to a government agent at an air base, container consolidation point (CCP), or Point of Embarkation, unless the contract stipulates direct delivery to the ordering activity. Process a completed receipt IAW paragraph 3.26. and/or 3.27.

3.26. Processing Receipts from Government Activities/Prime Vendors.

3.26.1. Normally, DoD, GSA, and AF shipments are received using DD Form 1348, *DoD Single Line Item Requisition System Document (Manual)* and/or DD Form 1348-1A, *Issue Release/Receipt Document*. Prime vendor receipts will be completed using the DMLSS receiving document. Use the forms to tally receipts of individual items, to note discrepancies, and as a source document.

3.26.2. If required copies are not received, the receiving activity will prepare or reproduce sufficient copies. Use DD Form 1348, DD Form 1348-1A, DD Form 1155, or DD Form 250.

3.26.3. All PV orders will be inspected and received IAW paragraph 3.25.2.

3.26.3.1. If the quantity shipped equals the quantity received, circle the quantity on the receiving document.

3.26.3.2. Recount if quantities differ.

3.26.3.3. If the recount does not resolve the discrepancy, place an asterisk by the quantity shown as shipped, and process IAW paragraph 3.29.

3.27. Receipts From Local Purchase.

3.27.1. Enter only the quantity of serviceable property received in column 20 ("Quantity Ordered/Accepted") on DD Form 1155, *Order for Supplies or Services*; or, column 17 ("Quantity Ship/Rec'd") on DD Form 250, *Materiel Inspection and Receiving Report*. Medical logistics personnel will sign certificates of inspection or acceptance.

3.27.2. Process receiving discrepancies as follows:

3.27.2.1. Place all damaged receipts in segregated storage until the vendor's corrective action or disposition instructions are received.

3.27.2.2. See paragraph 5.4.2.1. for special instructions for code R items.

3.27.3. If materiel is received before the contract or purchase order, immediately notify the contracting office responsible for the order.

3.27.4. Follow up on materiel or services not received or completed on the tenth calendar day following the scheduled delivery date.

3.27.5. If the item is lost at a CCP, a Standard Form (SF) 364, *Report of Discrepancy (RoD)*, should be submitted. If the government transportation network loses or misplaces the

materiel, a DD Form 361, *Transportation Discrepancy Report (TDR)*, should be completed IAW paragraph 3.30.5. Process a receipt IAW paragraph 3.28.

3.28. Processing Receipts from Local Purchase.

3.28.1. When DD Form 1155, or other similar form is used, it will be used as the receiving report. Otherwise, use DD Form 250 or a certificate of receipt.

3.28.1.1. The certificate may be prepared on the back of the packing slip or on bond paper attached to the packing slip and will show the contract or purchase order number and all identifying data necessary to complete the receiving action. Use the original signed copy as the source document, then file it in the document file.

3.28.1.2. Signed copies of the receiving reports will not normally be sent to DFAS. Electronic processing of the receipt will be provided to DFAS to support vendor payments.

3.28.1.3. When normal automated processing is interrupted for 72 hours, contact DFAS.

3.28.2. Partial shipments. Verify quantity by circling the item quantity, verify price on receiving document. Mark as partial receipt and sign.

3.28.3. Final shipments will be identified by an entry in the appropriate block.

3.28.4. Dispose of documents in the completed file according to AFRIMS, T 41-04 R 13.00.

3.29. Discrepancies in Shipment.

3.29.1. This paragraph provides policies for reporting and processing shipping and packaging related discrepancies. The provisions of this paragraph do not preclude the need to initiate Reports of Survey (RoS), investigations, or inspections.

3.29.2. Establish controls to ensure discrepancies are reported accurately and promptly. Annotate "Discrepancies Noted" on the receiving document and enter an explanation of the discrepancy. Do not report minor discrepancies such as typographical errors.

3.29.3. Medical logistics is responsible for reporting discrepancies attributable to the shipper, including manufacturer, vendor or contractor.

3.29.4. The transportation officer is responsible for reporting discrepancies attributable to the carrier.

3.29.5. The responsible contracting office will resolve reported discrepancies. Medical logistics will not attempt to resolve discrepancies directly with the contractor unless a Memorandum of Understanding (MOU) has been established with the contracting officer. See AFI 25-201, for further guidance on MOUs. The MOU must state:

3.29.5.1. The contracting officer will provide training in proper procedures for medical logistics personnel to ensure the government is not unnecessarily obligated.

3.29.5.2. Medical logistics will keep the contracting officer informed of resolution actions taken and the results.

3.29.5.3. The contracting officer will take necessary action to complete the discrepancy resolution when medical logistics actions are unsuccessful.

3.29.6. Shipments delivered to a government agent are deemed to have satisfied the vendor delivery obligation. If the government transportation network loses or misplaces the materiel, items must be processed as complete receipts regardless of value. Drop items from accountable records using a shipping discrepancy loss or inventory adjustment transaction.

3.30. Reporting Discrepancies.

3.30.1. The receiving activity will electronically file, whenever possible, a SF 364, to document and report item or packaging discrepancies attributable to the shipper. When item discrepancies and packaging discrepancies are noted on the same shipment, check both blocks on the SF 364 and report both discrepancies. Submit a discrepancy report as soon as the discrepancy is noted. AFJMAN 23-215, *Reporting of Supply Discrepancies*, contains procedures for preparing the SF 364. Process discrepancies involving receipts of requested excess as inconsequential. SF 364 is used for the following discrepancies:

3.30.1.1. GSA or VA shipments with shortages or overages regardless of dollar value unless proof of delivery to a government agency/representative is provided.

3.30.1.2. DLA shipments when required by AFJMAN 23-215.

3.30.1.3. Shipments from LP vendors with shortages or overages regardless of dollar value. If the contract has an excess quantity clause, overages of $250 or less may be received according to the contract terms. This clause does not include duplicate shipments (see paragraph 3.30.1.5.).

3.30.1.4. Shipments containing classified or controlled items. Report these regardless of dollar value. Process discrepancies of Code R shipments IAW Chapter 5.

3.30.1.5. Duplicate shipments or shipments of erroneous materiel or unacceptable substitutes, regardless of dollar value.

3.30.1.6. Materiel received regardless of dollar value:

3.30.1.6.1. Against a confirmed canceled requisition. Confirmation of cancellation is required.

3.30.1.6.2. Shipped by parcel post and were not received or were received in a damaged condition.

3.30.1.7. When supply documentation is missing or improperly prepared regardless of dollar value of the materiel.

3.30.1.8. When materiel, regardless of dollar value, is invoiced or shipped to the wrong activity.

3.30.1.9. When item technical data markings are missing or incomplete, regardless of dollar value.

3.30.1.10. When the shipping documents and package labels show the same identity but the materiel itself is different. In this case it is reasonable to assume the remaining stock at the shipping point may be erroneously identified and it is especially important to submit SDRs quickly.

3.30.1.11. When repetitive discrepancies are observed, regardless of dollar value, or when conditions not listed herein materially affect the item's serviceability, usability or identification.

3.30.1.12. Report shortages and wrong item discrepancies discovered while opening a sealed vendor pack regardless of the dollar value or the shipper. These SDRs must contain the contract number from the pack and, if available, the original document number. Report these discrepancies when discovered regardless of the date shipped or the date received.

3.30.2. Discrepancies involving PV shipments.

3.30.2.1. Within 2 business days of receiving the PV order, document any confirmed lines not received, partial lines, and any credit/rebills using the PV Discrepancy Report spreadsheet which can be found on the AFML website, Supply Chain tab, PV Program documents. Use only one discrepancy report spreadsheet per PV call number.

3.30.2.2. When the deficiency report is completed, attach it to an email (with a read receipt) and send it to DLA Troop Support and the PV customer service POC. DLA Troop Support POC email address is: **pvdiscrepancy@dla.mil.** Ensure that you put your PV contract number and the correct call number in the subject line of the email.

3.30.2.3. Place a hard copy of the completed discrepancy report in the MTF's call file folder.

3.30.2.4. For further information, refer to the PV contract and the DLA Troop Support desk reference at **https://www.medical.dla.mil**/.

3.30.3. When discrepancies other than those listed in paragraphs 3.30.1. and 3.30.2. are found and corrective action by the shipper is required, describe the deficiency and include recommendations for corrective action in the remarks portion of the form.

3.30.4. Submit a lost shipment report when a shipment has not been received within contract supplier timeframes.

3.30.4.1. CONUS activities must report parcel post lost shipments within 45 days of the date of shipment. OCONUS activities report these lost shipments within 90 days of the date of shipment.

3.30.4.2. CONUS activities will submit reports on other lost shipments within 75 calendar days and OCONUS activities within 150 days of the shipping date.

3.30.5. The Installation TO will prepare DD Form 361, to report transportation type discrepancies as prescribed by Defense Transportation Regulations (DTR) 4500.9-R Part II, Cargo Movement. Medical Logistics will provide TO the information required to complete the forms on medical shipments. The MLFC will send copies of the SF 361 provided by the Installation TO to DFAS to support claims and retain a copy, if required, to support adjustment transactions.

3.30.6. Medical Logistics will follow up if a reply has not been received within 75 days. Follow up will consist of writing "Follow Up" and the date of the follow up in the top margin of a copy of the SF 364 and mailing it to DLA Troop Support, GSA, base contracting, etc. If

a reply is not received within 15 days of follow up to any DLA source of supply, notify AFMOA/SGALC.

3.30.7. The MM Service Detail Values in DMLSS must be set to identify consequential discrepancy values (see AFMAN 41-216, Chapter 5). The DLA dollar value should be set IAW AFJMAN 23-215, and the GSA dollar value should be set at $25.

3.30.8. Each SOS within the Inventory Management (IM) module must reflect the over-shipment amount indicated on the contract (see AFMAN 41-216, Chap 5).

3.31. Distribution of Discrepancy Reports.

3.31.1. DLA Troop Support originated shipments. Submit SDR online via the DLA Troop Support website (**https://www.medical.dla.mil/**). Print and retain one copy.

3.31.2. Intra-AF shipments.

3.31.2.1. Original and one copy to the shipper's inventory control point (ICP), inventory manager or appropriate accountable activity.

3.31.2.2. Two copies to the shipping activity. Attach a copy of DD Form 1348 and/or DD Form 1348-1A.

3.31.2.3. One copy is retained by the preparing activity.

3.31.3. Manufacturer or vendor originated shipments.

3.31.3.1. Original and one copy to the purchasing contracting officer or an authorized representative. Attach one copy of the contractor/vendor shipping document to the action copy of the SF 364.

3.31.3.2. Two copies to the officer administering the contract or purchase order, if different from the purchasing officer. Attach one copy of the contractor/vendor shipping document to the action copy of the SF 364.

3.31.3.3. One copy is retained by the preparing activity.

3.31.3.4. When discrepant materiel is directed for return to a contractor, enclose one copy of the SF 364 with disposition instructions completed on reverse side.

3.31.3.5. Send one copy to the supporting DFAS office.

3.31.4. All discrepancy reports for WRM SG-managed equipment or supplies must be forwarded to AFMOA/SGALX IAW Chapter 13.

3.31.5. Detailed information for reporting GSA discrepancies can be found at **http://www.fss.gsa.gov/_pdf/fedstripMilstrip.pdf**.

3.31.6. When billing adjustments for discrepant shipments from DLA or GSA activities are requested, send the original SF 364 and one copy directly to DLA Troop Support or GSA as appropriate. Send a copy of the reply to DFAS.

3.32. Discrepancy Adjustments.

3.32.1. Shipping Discrepancies. Action activities will reply to action copies of SF 364 by completing the reverse side of the SF 364 indicating any billing adjustment allowed. When the billing adjustment information is received, send a copy to DFAS.

3.32.2. Adjust packaging discrepancies according to AFJMAN 23-215.

Section 3E—Gains and Losses of Inventory

3.33. General.

3.33.1. This section provides policies and procedures pertaining to gains and losses. The terms gains and losses in this chapter do not include receipts from requisitions, issues, or excess returns to DLA depots.

3.33.2. Losses or damages caused by fire, theft, natural disasters, or other causes that are not normal supply activities will be documented by Reports of Survey, statements of charges, etc.

3.33.3. Only serviceable materiel will be stocked in the using activities. Unneeded, unserviceable, and suspended items will be turned in to medical logistics.

3.33.4. The price shown on all documentation will be the standard price for the item as of the turn-in date.

3.33.5. Materiel turned in to medical logistics becomes the property of the AFWCF/MDD and will be returned to the using activity only by established issue procedures.

3.33.6. DLA Disposition Services (DLA Disposition Services) is authorized to accept accountability of non-controlled, condemned, hazardous Federal Supply Class (FSC) 6505 items for final disposal. Items returned to DLA Disposition Services will be picked up on DLA Disposition Services accountable records but will remain in the custody of medical logistics.

3.33.7. Items which qualify for disposition may be disposed of from any inventory code. Stratification to suspended or excess inventory is not required to process disposition actions.

3.34. Credit Determination for Customer Turn-ins.

3.34.1. Credit may be granted for:

3.34.1.1. Serviceable supplies (including MC-CBRN assets) turned in to the AFWCF/MDD that will be resold within 30 days to other activities. Since turn-ins often indicate the potential for reduced customer demand, prospects for future use by other activities should be reviewed with users prior to granting credit.

3.34.1.2. Specified unserviceable and repairable items for which a known credit is to be received, such as X-ray tube assemblies being replaced by local procurement action, may be accepted for the amount of credit the AFWCF/MDD receives. Identify the item with a locally assigned stock number so nonstandard management data can be processed.

3.34.1.3. Serviceable expense equipment if there is a known issue requirement at the time of the turn-in.

3.34.2. Credit will not be allowed for:

3.34.2.1. Serviceable turn-ins that will not be resold within 30 days.

3.34.2.2. Materiel to be destroyed or to be turned in to DLA Disposition Services.

3.34.2.3. Materiel suspended from issue and use with the exception of items suspended by DoDMMQC message where the return credit is specifically cited in the message.

3.34.2.4. Investment equipment items.

3.34.2.5. Expired drugs turned in for return to manufacturers for credit or destruction.

3.34.2.6. Centrally managed items.

3.34.2.7. Customer returns restratified into WRM projects.

3.35. Destructions.

3.35.1. Destroy medical materiel in the following categories:

3.35.1.1. Unserviceable schedule II-V controlled medical items.

3.35.1.2. Expiration-dated items when the expiration date has passed, the expiration date cannot be extended, and no potential exists for credit under a commercial credit return program.

3.35.1.3. Suspended stock, including that turned in by using activities.

3.35.1.4. Excess serviceable biologicals, drugs, and reagents with a line item value of less than $3,000.00

3.35.1.5. Excess serviceable biologicals, drugs, and reagents with notes codes G or W (see DLA Customer Assistance Handbook) that cannot be reported as excess or projected for use before expiration.

3.35.1.6. Other drugs, biologicals, and reagents when mutilated, or missing labels prevent identification.

3.35.1.7. Items required to be frozen, or materiel that has thawed and cannot be used within the manufacturer's recommended time limit, or when the indicator in a shipping package shows the materiel thawed and refroze during shipment.

3.35.1.8. Drugs requiring refrigeration that have been out of refrigeration longer than allowed. See DD Form 1502-2, *Limited Unrefrigerated Medical Material Shipment*, or similar form attached to the shipping container for the allowable timeframes.

3.35.1.9. Excess or unserviceable property dangerous to public health and safety.

3.35.1.10. Materiel directed by higher headquarters, the source of supply, or DoDMMQC message, to be destroyed.

3.35.2. Do not destroy:

3.35.2.1. Pharmaceutical items undergoing Food and Drug Administration (FDA) Shelf Life Extension Program (SLEP) testing or awaiting replacement (see paragraph 13.7.).

3.35.2.2. Materiel suspended due to a complaint.

3.35.3. The MTF has three options to dispose of destructions: commercial credit returns companies, contract service (i.e., base-wide hazardous materiel removal contract), or in-house.

3.35.3.1. For workload and liability reasons (destructions of controlled items, hazardous materiel, etc.), the commercial credit return option should be used whenever possible to dispose of pharmaceuticals.

3.35.3.2. Accountability requirements for contract destructions require signed documents transferring materiel to the vendor, and destruction certification after destruction occurs. This documentation is mandatory regardless of the method of destruction utilized.

3.35.4. Destructions performed by commercial credit return programs. Destructions by commercial credit returns vendors must be documented as follows:

3.35.4.1. Process destructions IAW AFMAN 41-216, Chapters 5 (for AM-managed materiel) and 7 (for IM-managed materiel), using the DMLSS-generated Destruction Report or Commercial Returns module.

3.35.4.2. The contractor will provide an initial inventory report, detailing the product names, NDCs or catalog numbers, lot or batch numbers, and quantities for all items on a call. The commercial returns contractor's representative will print their name, sign, and date the initial inventory report.

3.35.4.2.1. Compare the vendor's initial inventory report to the Destruction Reports/Commercial Return Report, accounting for each item transferred to the vendor.

3.35.4.2.2. File the Destruction Reports/Commercial Returns Report with the initial inventory report from the vendor IAW 3.35.4.2. When the contractor receipt covers multiple Destruction Reports/Commercial Return Reports, file all destruction documents with the applicable initial inventory report.

3.35.4.3. Witness signatures, BEE coordination, and contractor signatures are not required on Destruction Reports/Commercial Return Reports for destructions by credit returns vendors.

3.35.4.4. Schedule II items. Medical logistics will ensure the vendor is registered with the DEA to receive and destroy Schedule II (Code R) controlled items prior to turning over Code R items for destruction. Due to DEA regulatory constraints, MTFs outside of the 50 United States and its territories cannot turn in controlled items to credit returns companies.

3.35.5. Destructions performed by contract services.

3.35.5.1. Utilization of the base-wide hazardous materiel removal contract is authorized. Coordinate disposal with the Base Environmental Manager and/or Bioenvironmental Engineering (BEE).

3.35.5.2. Destructions by contract must be documented as follows:

3.35.5.2.1. Process destructions IAW AFMAN 41-216, Chapters 5 (for AM-managed materiel) and 7 (for IM-managed materiel), using the DMLSS-generated Destruction Report or Commercial Returns module.

3.35.5.2.2. Schedule II items. If the contractor is registered with the DEA to receive and destroy Code R items, process IAW paragraph 3.35.4.1. If not, disinterested

officers must be appointed and the procedures outlined in paragraph 3.35.6.1. must be followed.

3.35.5.2.3. Quality control and file the contractor's record of receipt and the DMLSS destruction documentation IAW paragraph 3.35.4.2.

3.35.6. Destructions performed in-house.

3.35.6.1. Destruction officers.

3.35.6.1.1. The MTF Commander will appoint one or more disinterested individuals to be responsible for the destruction of Code R and Code Q (DEA Schedule II-V) items. The destruction officer must be a MSgt or higher, or a GS-07 (or WG equivalent) or higher civilian. The disinterested destruction officer may also destroy non-Code Q and R items. Two disinterested individuals will witness the destruction. These witnesses will also be MSgts, GS-07 (or WG equivalent) or higher.

3.35.6.1.2. The MLFC will appoint a SSgt or higher, or GS-05 (or WG equivalent) or higher civilian, to destroy other than code Q and R items. There is no requirement for these individuals to be disinterested (i.e., they can be members of the medical logistics staff).

3.35.6.2. Consult the BEE to ensure environmentally safe destruction methods are used. All destruction procedures must comply with national, state, and local environmental protection laws, and MTF and installation waste disposal plans. Subsequent destructions of the same item do not require BEE review if documentation of the initial destruction method is on file in medical logistics.

3.35.6.3. Destroy the materiel in a manner which precludes the use of any portion of the item for any purpose.

3.35.6.4. Process destructions IAW AFMAN 41-216, Chapters 5 (for IM-managed materiel) and 8 (for AM-managed materiel), using the DMLSS-generated Destruction Report.

3.35.6.4.1. The BEE will sign and date the Destruction Report certifying the method of destruction is environmentally safe.

3.35.6.4.2. The destruction officer will sign and date the Destruction Report certifying the identity and quantity of items destroyed, and the authority, reason, manner, and date of destruction.

3.35.6.4.3. The witnesses will sign and date the Destruction Report.

3.35.7. Documentation for all destructions performed will be retained for a period of two years IAW AFRIMS T 41-14 R 04.00.

3.35.8. For all destructions of controlled items, post all transactions IAW Chapter 5.

3.36. Inventorying Medical Operating Supplies. See paragraph 7.19. for guidance on equipment inventory requirements, paragraph 13.17.3. for WRM inventories, and paragraph 13.33.8. for MC-CBRN inventories.

3.36.1. The objective of a physical inventory is to verify stock record balances against actual stocks on hand. According to AFMAN 23-110, *USAF Supply Manual*, Volume 1, Part 1, Chapter 6, there are two reasons to take inventory:

3.36.1.1. Validate the account—Establish credibility of the stock record account according to public law and recognized good business practices.

3.36.1.2. Correct errors—Improve the usefulness of property accounting records, which is a function of accurate balances.

3.36.2. An inventory is not considered closed until all actions outlined in paragraph 3.36.11. are completed and documented.

3.36.3. AFMOA/SGAL may waive the 12-month requirement when unforeseen or unavoidable conditions prevent completion of an inventory. Waivers must be submitted no later than 15 calendar days prior to the inventory suspense date.

3.36.4. The only approved exceptions to the 12-month requirement are:

3.36.4.1. Controlled items, which are inventoried monthly (Chapter 5).

3.36.4.2. Stockless operations.

3.36.4.2.1. Prior to the 12-month anniversary of the previous inventory/stockless validation, or complete inventory, Medical Logistics will run the Balance in DFAS_AF Standard Business Objects report to document that no operating stock is on hand, to include excess, suspended stock, and assets in special projects (i.e., zero balances in all columns on line 11 of the BO report with the exception of "WRM Balances" and "WRM Suspended Balance").

3.36.4.2.2. Medical Logistics personnel will conduct and document a complete walk-through of all storage areas (including vaults and cages) to ensure no operating inventory is physically on hand.

3.36.4.2.3. Medical Logistics will prepare a memorandum for record certifying no stock is on record or on hand, and documenting the results of the complete walk-through. The ABMSO will approve these actions by signing the report, and the entire package (BO report, results of the complete walk-through) will be retained for a period of two years IAW AFRIMS T 23-08 R 06.00 and T 41-14 R 04.00.

3.36.5. The process of taking inventory involves the counting of physical property, comparing the count to record balances, and adjusting or correcting records so the record balance and quantity of property on hand are identical.

3.36.6. Plan the scheduled inventory to ensure optimum efficiency and minimum interruption to normal supply operations. The following actions are required:

3.36.6.1. Notify all using activities prior to the inventory date if the scheduled inventory will impact normal support operations (e.g., limiting issue requests to emergency items, etc.).

3.36.6.2. Develop an inventory schedule and assign personnel specific responsibilities. Personnel assigned to perform inventory counts will not process inventory adjustments.

3.36.6.3. Ensure all incomplete actions that will affect the inventory are completed. For example: receipts, issues, destructions, and in/out shipments.

3.36.6.4. Designate an inventory supervisor to control inventory actions and count lists.

3.36.6.5. Ensure count lists do not contain inventory balance data.

3.36.6.6. Brief all personnel on the following inventory procedures:

3.36.6.6.1. All inventory products and their use as outlined in applicable DMLSS documents.

3.36.6.6.2. Arrangement and location of inventory assets.

3.36.7. Completing the physical inventory.

3.36.7.1. Consider multiple storage locations.

3.36.7.2. Any items found that are not on the count list should be added to the list or listed on a separate count document. Include information such as stock number/item ID, unit of sale, and location.

3.36.7.3. Unopened packages need not be opened unless the information on the outside of the package is not legible or sufficient to indicate the quantity, or there is reason to suspect the contents are damaged or misidentified.

3.36.7.4. Enter the quantity counted and initial all inventory count lists unless a PDA is used.

3.36.8. Upon completion of the physical count, post the results in DMLSS.

3.36.8.1. If the physical inventory count does not agree with the record balance, DMLSS will refer the item for a second count. If the second count does not match the first count or does not equal the inventory balance, DMLSS will refer the item for a third count. If the third count does not match the inventory balance or any previous count, then the item is referred for research.

3.36.8.2. If the initial investigation does not identify the cause of the discrepancy, and the discrepancy does not meet the requirements for a mandatory ROS outlined in paragraph 1.10., follow the procedures in AFMAN 41-216, paragraph 5.19. to process adjustments. Discrepancies of less than $100 total dollar value may be adjusted after the initial investigation without research or detailed justification IAW AFMAN 23-220, *Reports of Survey for Air Force Property*.

3.36.9. Customer Area Inventory Management (CAIM) source of supply activities (i.e., medical maintenance) may be granted full CAIM physical inventory privileges (see AFMAN 41-216, Chapter 6). Other CAIM customers will not be granted physical inventory privileges.

3.36.10. The installation commander is responsible for approving inventory adjustments. The responsibility may be delegated for adjustments to official medical inventories (operating supplies, in-use equipment, WRM), and MC-CBRN assets owned by the medical group. Delegation is strictly limited to the MTF Commander, Deputy Commander and/or Administrator. For accountable materiel managed in support of non-FM account supported medical units, the unit commander responsible for SORTS reporting the assemblage status is the inventory adjustment approval authority.

3.36.11. Inventory review and approval. Within ten duty days of processing the inventory adjustments, the ABMSO will:

3.36.11.1. Certify the Inventory Adjustment Vouchers (IAVs) as required.

3.36.11.2. Document the results of the inventory in a memorandum to the MLFC (if the MLFC is not the ABMSO). The MLFC will act as the approval authority for the inventory (see an example of an Operating Inventory Summary Report at Attachment 2, Figure A2.1.). If the inventory did not identify any shortages or overages, no further action is required (i.e., review by the inventory adjustment approval authority).

3.36.11.3. If inventory adjustments result from the inventory, forward all IAVs to the inventory adjustment approval authority (see paragraph 3.36.10.). The IAV is a valid document only after it is signed by the certifying and approval officials.

3.36.11.3.1. Provide the Inventory Accuracy Analysis Report as supporting documentation.

3.36.11.3.2. If items on the IAV are not approved, or any discrepancies meet the requirement for mandatory ROS, initiate ROS action IAW paragraph 1.10.

3.36.12. Upon completion of an inventory, establish a project file containing:

3.36.12.1. The DMLSS Inventory Accuracy Analysis Report.

3.36.12.2. The Operating Inventory Summary Report.

3.36.12.3. Annotated copies of all count lists (unless PDAs are used).

3.36.12.4. Original copies of all approved IAVs, if applicable.

3.36.12.5. Copies of documents forwarded to the ROS monitor for initiation of ROS actions generated as a result of the inventory, if applicable. These documents will be maintained as the source document for losses processed due to ROS actions.

3.36.13. All inventory documents must be retained for two years IAW AFRIMS T 23-08 R 06.00 and T 23-23.

3.37. Materiel Found on Base. Medical materiel that has been lost or abandoned or is not in the custody of an individual or organization will be reported to medical logistics. In addition, medical materiel obtained from individual patients, Office of Special Investigation seizures, or other sources where management controls are unknown or suspect, will be treated as found on base (FOB) materiel. FOB materiel will be considered unserviceable.

3.38. Gifts/Donations.

3.38.1. AFI 51-601, *Gifts to the Department of the Air Force*, contains AF policy and procedures for accepting gifts. There are various levels of approval authority for accepting gifts based on the value of the offer and the cost of accepting and maintaining the property. All gift offers will be coordinated with the local staff judge advocate to ensure proper procedures are followed.

3.38.2. Soliciting gifts is prohibited. AFI 51-601 prohibits the acceptance of gifts from defense contractors or subcontractors where the cost of the gift will be charged, directly or indirectly, as an element of cost or price in any government contract, or where acceptance

would raise a serious question of impropriety in light of the donor's present or prospective business relationship with DoD. Do not confuse this prohibition with contracts for consumables negotiated to include use of equipment as part of the consumable item price. In those cases, ownership of the equipment remains with the vendor (see paragraph 7.17).

3.38.3. Coordinate an offer of gift that requires Secretary of the AF acceptance or rejection with the local staff judge advocate, then submit it through channels to AFMOA/SGAL with a copy of the staff judge advocate's review.

3.38.4. The MTF must consider and address the risk management and quality assurance consequences of accepting offers of medical equipment, and ensure a thorough medical and legal review is completed.

3.38.5. When gifts of tangible personal property for use in MTFs are approved for acceptance, medical logistics will prepare a receipt document, DD Form 1348-1A, for materiel accepted. Block 27 will be marked—Gift Materiel.

3.38.5.1. Process "Donated-Property-Gain" action to account for the gain of materiel donated to the medical facility.

3.38.5.2. When issuing the donated materiel, process a "non-reimbursable" issue.

3.38.5.3. Items meeting the criteria for equipment must be accounted for IAW paragraph 7.17.

3.38.6. Gifts intended for distribution to individuals, such as items given to new mothers at the time of discharge from the hospital, may be accepted and distributed according to the provisions of AFI 51-601. Gift packs must remain intact and unopened while in the custody of the AF.

3.39. Materiel Withdrawn from the Defense Logistics Agency (DLA)-Disposition Services (DLA Disposition Services).

3.39.1. Any AF member or employee may screen property at DLA Disposition Services, however, the property may be withdrawn (direct issue) only when authorized by the MLFC or a designated representative.

3.39.2. The MLFC will send a letter to DLA Disposition Services identifying personnel authorized to sign for withdrawal of property from DLA Disposition Services (see AFMAN 23-110, Volume 6, *Excess and Surplus Personal Property*).

3.39.3. Materiel withdrawn from DLA Disposition Services is U.S. Government property. Item authorization must be established and accountability must be maintained.

3.40. Transfers to DLA Disposition Services.

3.40.1. Medical materiel that cannot be redistributed and does not meet the criteria for destruction will be turned in to DLA Disposition Services.

3.40.2. Condemned medical equipment will be disassembled or cannibalized to remove needed usable parts before turn-in to DLA Disposition Services. BMETs will pick these parts up on bench stock records, as needed.

3.40.3. Unserviceable medical x-ray film (radiographic and photofluorographic) will be processed as follows:

3.40.3.1. Annotate the turn-in documentation to state: "The film listed here is unserviceable and will not be resold for its original purpose."

3.40.3.2. Mutilate to preclude its sale or use except for salvage or scrap including reclamation of silver content.

3.40.4. Materiel for which an inspection or technical/engineering analysis reveals a product quality deficiency that prohibits further DoD use will be transferred to DLA Disposition Services in Supply Condition "Q." Disposal release orders must cite either management code "O" to identify deficient materiel that does not require mutilation, or management code "S" if it does require mutilation. Management code "S" can be used only when prior official arrangements have been made with DLA Disposition Services.

3.41. Intransit Control of Shipments to Disposal Activities. Medical Logistics will report all deliveries, shipments, or transfers of property to DLA Disposition Services by transmitting shipment status to DLA Disposition Services via DMLSS.

3.42. Commercial Credit Returns.

3.42.1. Credit returns programs are designed primarily for unserviceable/non-reportable excess pharmaceuticals.

3.42.2. All returns for credit will be made from the AFWCF/MDD and will be processed through DMLSS. All collections will be made in the medical logistics area since unserviceable stock is not allowed in using activities IAW paragraph 3.33.3.

3.42.3. Medical Logistics will establish two separate credit accounts with their pharmaceutical PV to manage and utilize credits: one account for operating materiel credits and the second account for WRM credits.

3.42.4. Guidance for use of commercial credit returns for controlled items is included in paragraph 5.12.

3.42.5. All medical logistics accounts must utilize one of the vendors participating in DLA Troop Support's multiple-award Pharmaceutical Reverse Distribution Contract.

3.42.6. Payment to the contractor will be made through the PV credit account and will be based on a percentage of actual credits received.

3.42.7. Maintain all documentation (i.e., DD Forms 1348-6, DD Forms 1348-1, DMLSS Destruction Reports/Commercial Return Reports, initial and adjusted inventory reports from the contractor, credit memos, destruction certificates, and monthly credit reports) for QC and audit purposes, for a period of two years IAW AFRIMS T 23-08 R-06.00, and T 41-14 R 04.00.

3.42.8. Medical Logistics will ensure the vendor is registered with the DEA to receive and destroy Schedule II (Code R) controlled items prior to turning over Code R items for destruction. Due to DEA regulatory constraints, MTFs outside of the 50 United States and its territories cannot turn in controlled items to credit returns companies.

3.42.9. Customer turn-ins.

3.42.9.1. The customer will produce a DD Form 1348-6 (or equivalent) identifying the items being turned in for possible credit. Spreadsheets can be used to list multiple line

items, but will include the following: account information (Svc/Customer ID, custodian name and phone number, etc.), NDC and/or Item ID, item description, unit of issue, and quantity.

3.42.9.2. Customer turn-ins will be limited to full units of issue.

3.42.9.3. To document turn-ins for credit returns from using activities, process "Turn-In Gain, No Credit" transactions using the Return Item screen in the DMLSS IM module. Select Strat State "Suspended" for expired items, and "Unserviceable" for damaged items. Clearly mark and segregate the items in storage.

3.42.10. Transferring materiel to the commercial returns contractor.

3.42.10.1. Process destructions for all items turned in to the credit returns vendor IAW paragraph 3.35.4.

3.42.10.2. CONUS medical logistics accounts (excluding customers supported by Dakota Drug) will process WRM returns through a centrally managed Prime Vendor account.

3.42.10.2.1. CONUS medical logistics accounts will only execute WRM credit orders as based on funding provided by AFMOA/SGAL.

3.42.10.2.2. All WRM credits must be used within 180 days from the date of issue.

3.42.10.2.3. Each PV has established an AFMOA/SGAL WRM credit account. CONUS based WRM commercial returns will be processed in the appropriate AFMOA/SGAL WRM credit account. For PV credit account numbers, see the AFML website under the Supply Tab.

3.42.10.2.4. Not later than the 23rd calendar day of each month, AFMOA/SGAL will direct the PVs to transfer specified amounts to individual medical WRM credit accounts. Not later than the last duty day of each month, Medical Logistics will execute WRM credit orders using the base's WRM credit account IAW paragraphs 3.42.2, 3.42.3., 3.42.4. and 3.42.5.

3.42.10.2.5. Credits in the Operating credit account resulting from turn-ins to the credit returns contractor will be applied to MC-CBRN requirements and other operational requirements on a reimbursable basis IAW 3.42.9.2 and 3.42.9.3.

3.42.10.2.6. At this point, the audit trail for returned items is complete.

3.42.11. Establish a file for each pick-up:

3.42.11.1. If Commercial Returns module is not used, the file must contain:

3.42.11.1.1. DD Form 1348-6 or local spreadsheet documenting the turn-in to medical logistics.

3.42.11.1.2. DMLSS Destruction Report (single line, not multi-line report).

3.42.11.1.3. Venders Initial Inventory Report.

3.42.11.2. When Commercial Returns module is used the file must contain:

3.42.11.2.1. DD Form 1348-6 or local spreadsheet documenting the turn-in to Medical Logistics. Schedule II and III-V controlled drug items will be processed for

destruction by Credit Returns Contractor on a separate inventory sheet IAW paragraph 5.12.

3.42.11.2.2. Commercial Return Report for current pick-up.

3.42.11.2.3. Vendors Initial Inventory Report.

3.42.11.3. Ensure DEA Form 222s are filed with each separate Code Q and R pick-ups.

3.42.11.4. Files must be maintained for audit purposes, for a period of two years IAW AFRIMS T 23-08 R-06.00, and T 41-14 R 04.00. Documentation of Code Q and R turn-ins must be maintained in the controlled item storage area.

3.42.12. Accounts should contact their PV on a regular basis to determine their current credit balance and load into the Manage PV Credits function. Sufficient funds must be available in the DMLSS Manage PV Credit module prior to placing orders against the PV credit account. (**Note:** This is the only component of the DMLSS Commercial Returns module that is mandated for use).

3.42.13. Peacetime credits expire 120 calendar days after they are posted to the PV credit account; credits in WRM accounts are current for 180 calendar days. Medical logistics will review credit account balances to preclude expiration of credits. Credits are not "funds," and therefore, do not expire at the end of the fiscal year.

3.42.14. Ordering using PV credits. Place separate offline calls for each credit order, using the manual call number series (range outside the computer assigned call number series) set aside for "Offline/Non-submit" orders (see paragraph 5.12. for additional guidance on ordering controlled items using the credit account).

3.42.14.1. Operating requirements. In OffLine Orders, select the logistics DoDAAC as the "Customer ID," and check the PV Credit indicator to establish the due-in as non-reimbursable.

3.42.14.2. WRM requirements. Utilize the AM Supply/Equipment Offline Orders module to place orders for a specific WRM assemblage.

Section 3F—Expiration-Dated Items

3.43. General.

3.43.1. MLFCs are responsible for the active management of expiration-dated materiel under their control.

3.43.2. Each medical supply account will rotate stock to ensure expiration-dated items with the earliest date are issued first. Commingle operating and war reserve materiel (WRM).

3.43.3. Type I expiration-dated items may be extended through the FDA/DoD SLEP (see Chapter 13). This program is primarily intended to reduce non-rotatable losses in WRM and MC-CBRN programs. However, extension data applies to peacetime stocks as well.

3.43.4. Do not use other outdated medical items unless an extension of the expiration date has been announced via SLEP message, AFMOA/SGALX, or other official sources and the item has been appropriately labeled with the extension information.

3.44. Shelf Life Items.

3.44.1. Medical commodities rely upon a system of condition codes to determine their effectiveness and suitability for use. Each medical item standardized by the Defense Medical Materiel Program Office (DMMPO) is coded with a predetermined shelf life and type item code. The exceptions to this policy are items coded with an Estimated Storage Life, items having 61 months shelf life, and non-deteriorative items coded as zero shelf life (see paragraph 9.7.).

3.44.1.1. A Type I expiration-dated item is a medical item having a definite storage time based upon material deteriorative characteristics which terminates on an expiration date. Unless notified via the SLEP website (see Chapter 13) that Type I items are being tested under the SLEP, dispose of these items according to Section 3E for peacetime assets and Chapter 13 for WRM.

3.44.1.2. A Type II expiration-dated item is an item of supply with an assigned storage period, which may be extended upon completion of prescribed inspection or restorative action.

3.44.2. The minimum shelf life is assigned by DLA Troop Support with the concurrence of the DMMPO. The actual expiration date of WRM assets should always be obtained from the product label. An item which is marked with an expiration date shown as only a month and year—for example, Jan 13—is considered to expire on the last day of the month (31 Jan 13). An item with an exact expiration date—for example, 19 Feb 13—will be coded into the automated logistics system with the exact expiration date. This is necessary to preclude the issue of an expired item.

3.45. Management Procedures. Expiration dates (including controlled items) are not tracked for operating stock in DMLSS. Therefore, sites must increase expiration date monitoring and vigilance to ensure only non-expired items are issued.

Section 3G—Excess

3.46. General.

3.46.1. This section provides policy and criteria for the MLFC to identify and dispose of local excess materiel. The guidance provided applies to all medical and nonmedical supplies and equipment from Operating, WRM, and MC-CBRN inventories.

3.46.2. As a means of minimizing transportation costs, medical logistics should ensure there are no requirements at AF and DoD MTFs in their local area for the excess materiel prior to reporting it to Tri-Service Medical Excess Distribution System (TRIMEDS).

3.46.3. Report and process local excess materiel IAW AFMAN 41-216.

3.46.4. Review all potential excess as shown through the excess module. The DMLSS Assemblage Management module cannot roll up and report potential excess across sections/assemblages. The following work-around must be utilized to ensure all WRM excess is appropriately reported:

3.46.4.1. Review all excess quantities in WRM, total the quantities from all sections/assemblages and identify those items which meet the excess criteria.

3.46.4.2. Transfer all log-owned WRM items meeting the excess criteria to a single assemblage (SG99) and immediately report it.

3.46.5. Returns and requested excess materiel must be shipped promptly as instructed. See paragraph 11.14. for transportation funding instructions.

3.46.6. Special reporting procedures are in paragraph 3.48.

3.47. Determination of Local Medical Excess. Medical materiel is excess when it meets all of the following conditions:

3.47.1. Is not required to meet stock control level.

3.47.2. Does not meet the criteria for economic retention.

3.47.3. Is not required for WRM.

3.47.4. Is not required for MC-CBRN projects.

3.47.5. Is not required for special projects.

3.47.6. Cannot substitute for a requirement in any of the preceding categories.

3.47.7. Is not required as a component of a medical kit.

3.48. Special Reporting Procedures.

3.48.1. Upon announcement or receipt of instruction to deactivate a medical unit, follow the methods and procedures in this chapter for reporting and transferring excess materiel. For WRM excess resulting from a medical unit deactivation or a base closure, MAJCOMs will request additional guidance from AFMOA/SGPX with an information copy to AFMOA/SGALX and AFMOA/SGALC.

3.48.2. Turn in excess medical equipment spare parts to the medical stock record account. Medical logistics will report the materiel. This will be completed annually, immediately after completion of the April bench stock inventory (IAW AFI 41-201).

3.48.3. Turn in all excess nonmedical materiel, serviceable or unserviceable, except WRM SG Managed equipment, to DLA Disposition Services IAW AFMAN 23-110, Volume 2, Part 2, Chapter 13.

3.48.4. Report excess current and serviceable professional medical books, including bound volumes of periodicals, through TRIMEDS. Include the edition number and publication date.

3.48.5. Report medical materiel that is not required by Air National Guard (ANG) units as follows:

3.48.5.1. Report medical equipment items by letter or message to the ANG Readiness Center Surgeon's Office (ANG/SGXL), 3500 Fetchet Ave, Andrews AFB, MD 20331-5157, for redistribution among ANG units.

3.48.5.2. Turn in medical materiel, other than equipment and equipment determined by the ANG to be excess, to the host medical stock record account.

3.48.5.3. The receiving medical logistics activity will perform turn-in transactions. If there are no local requirements for the materiel, process the materiel as prescribed in this chapter.

3.48.6. Air Force Reserve Command (AFRC) medical units will turn in excess materiel to the medical logistics activity of the base providing logistics support to the unit. AFRC medical units that are not co-located on an AF base will turn in excess materiel to the nearest medical logistics activity. The receiving medical logistics activity will process the materiel as prescribed in this chapter.

3.49. Reporting and Requesting Materiel through the Tri-Service Medical Excess Distribution System.

3.49.1. AFMOA/SGALC will offer all reported excess to AF and DoD MTFs. All reported excess is available for viewing on the AFML website. Excess will be advertised for 45 days—to AF activities only for the first 20 days, and all eligible requesters for the remaining 25 days.

3.49.1.1. Total minimum line item value is $3,000.00.

3.49.1.2. Condition Codes A, B, and C are the only acceptable codes.

3.49.1.3. Shelf life dated items must have a minimum of 120 days until expiration.

3.49.2. Medical Logistics and using activities should screen the AFML website excess list closely for items that can be used in their activities. Pay particular attention to condition codes and dates.

3.49.2.1. When requesting equipment items, the BMET at the requesting activity should contact the BMET at the reporting facility to determine if the equipment meets the requesting activity's needs.

3.49.2.2. Medical Logistics should screen the excess list to fill WRM shortages. If a NSN is a component of an allowance standard, it will be shown on the TRIMEDS Query Page on the AFML website (under “Procurement,” “Stock Management,” “Tri-Service Excess Distribution System (TRIMEDS),” “Compare WRM DoDAAC Shortages with Available Excess”).

3.49.3. Medical Logistics may consider usable excess to fill operating stock levels. All issues of stock with established stock control levels are reimbursable.

3.49.4. Do not request excess for using activities or stock control levels that will jeopardize the issue and rotation of on-hand assets.

3.49.5. Requesting activities that receive discrepant shipments or do not receive a shipment within normal pipeline times for the mode of transportation used, will:

3.49.5.1. Provide written notice to the shipping organization explaining the discrepancy and if applicable, will include instructions on what quantity is to be used for stock fund loss reversal and inventory loss transactions.

3.49.5.2. File a copy of the written notice with the receipt document.

3.50. Base Realignment and Closure Excess.

3.50.1. AFWCF/MDD assets at bases closing as a result of BRAC actions are not subject to BRAC actions. AFWCF/MDD assets should be attrited. MAJCOMs and/or AFMOA/SGAL will direct relocation of WRM assets.

3.50.2. Non-AFWCF/MDD assets at bases closing as a result of BRAC actions must be distributed properly. Included are MEMO assets and all other durable assets in the MTF, (i.e., desks, chairs, pictures, etc.). These items are identified as "personal property" under BRAC instructions.

3.50.3. All personal property assets must be "frozen" as of a specified date and tracked through final disposition. Frozen assets are normally documented during the personal property inventory outlined in paragraph 1.5.4. Re-distribution of assets will be governed by local BRAC guidance.

3.50.4. The local community will have the first opportunity to request items based on their potential reuse plan for the base and facilities.

3.50.5. MAJCOMs and/or AMFOA/SGAL will perform a review of existing and forecasted requirements at other bases within the MAJCOM and offer the assets MAJCOM-wide.

3.50.6. Unrequested medical assets will then be reported to TRIMEDS.

3.50.7. Unclaimed assets will be sent to DLA Disposition Services.

3.50.8. DoD 4165.66-M, *Base Redevelopment and Realignment Manual,* contains additional guidance for BRAC procedures.

Section 3H—Manual Supply Operations

3.51. Peacetime Operations.

3.51.1. Efficient operation of a medical stock record account depends on computer support. DMLSS exists for both wartime and peacetime operations, but there will be times when computer operation is temporarily disrupted.

3.51.2. Prior to the disruption of peacetime operations, the MLFC will develop a plan for manual ordering procedures with their supporting PV representatives. At a minimum, the plan should include the process to be followed to receive hard copy listings of usage items and phone/fax numbers to be used for manual ordering. The plan should be validated annually. Prior to activation of the manual operations plan, medical logistics accounts must contact AFMOA/SGALD for instructions.

3.51.3. If peacetime operations are interrupted for more than four hours, the MLFC will ensure the MTF commander and using activities are notified.

3.52. Contingency Operations. (See Chapter 13) During deployed operations, medical logistics personnel should contact the Air Force Medical Logistics Operations Center (AFMLOC) for assistance.

Chapter 4

PROCUREMENT

Section 4A—Purchasing

4.1. Purpose.

4.1.1. This section outlines policy for procurement of medical materiel, nonmedical materiel, and services.

4.1.2. These procedures are intended to assist the medical treatment facility in the successful, cost effective, and efficient operation of the procurement program.

4.2. Responsibilities.

4.2.1. MTF Commander will:

4.2.1.1. Appoint individuals or committees to review and approve local purchase (LP) requests with each having approval authority for certain items.

4.2.1.2. Support clinical and logistical participation in Office of Secretary of Defense/Health Affairs directed DoD materiel standardization efforts IAW DoDI 5101.15, *DoD Medical Materiel Executive Agent (MMEA) Implementation Guidance*, and DoDI 6430.02, *Defense Medical Materiel Program.*

4.2.1.3. Designate GPC holders and approving officials IAW AFI 64-117, *Air Force Government-Wide Purchase Card Program*. (**Note:** May be delegated to the Medical Support Squadron Commander).

4.2.1.4. Grant Power of Attorney (POA) to primary and alternate approving official(s) for procurement of schedule II controlled substances (i.e., authority to sign DEA Form-222) for MTFs located within the 50 United States and Guam IAW 21 CFR, Section 1305.05, *Power of Attorney*. The primary approving official shall be the accountable base medical supply officer (ABMSO). Alternates may be the MLFC (if not appointed the ABMSO), the Pharmacy Flight Commander, other assigned registered pharmacist, and/or 4A1s/4A2s (MSgt and above) in the position of MLFC.

4.2.2. The Pharmacy and Therapeutics Function (PTF) will review all requests for drugs and biologicals. The PTF chairperson will have LP approval authority for drugs and biologicals. Signed copies of the PTF minutes are authorized as approval documentation.

4.2.3. The MLFC will:

4.2.3.1. Have LP approval authority for non-drugs items, or for all commodities in instances where the MTF commander assigns the approval responsibility to a single individual. The DMLSS New Item Request (NIR) (or locally developed facsimile) will be signed and maintained as documentation of the approval, and will generate the initial order for the items. This process satisfies all requirements for GPC approval and procurement outlined in AFI 64-117.

4.2.3.2. Administer Service Contract Management for the MTF and serve as the service contracts Functional Commander.

4.3. Authorization.

4.3.1. Local purchase is authorized for supplies and services when approved by the authority described in paragraph 4.2.

4.3.2. Local purchase is not authorized for:

4.3.2.1. Drugs that do not meet the definition of approved drugs in AFI 44-102, *Medical Care Management.* For exceptions, see AFI 40-402, *Protection of Human Subjects in Biomedical and Behavioral Research*.

4.3.2.2. Centrally managed items, except as described in paragraph 4.9.

4.4. Air Force Green Procurement Program.

4.4.1. Federal Acquisition Regulations (FAR) subpart 23.1., *Sustainable Acquisitions*, states: "Federal agencies, for new contract actions (including those for construction) contain requirements for products that are designated as energy-efficient, water efficient, bio-based, environmentally preferable (e.g., Electronic Product Environmental Assessment Tool (EPEAT)-registered, non-toxic or less toxic alternatives), non-ozone depleting, or those that contain recovered materials."

4.4.2. Green procurement training is mandatory for anyone in the MTF who makes purchases, or develops and processes product specification requirements, to include: GPC holders, resource advisors, Contracting Officers Representatives (COR), and any individuals responsible for procuring goods and services.

4.5. Purchase Request Review.

4.5.1. The requesting activity property custodian submits requests for materiel. Requests will be approved by a second individual at the using activity NCOIC (or higher) level, and forwarded to the LP approval authority for approval.

4.5.2. Medical logistics will take the following actions prior to submitting the request to the approval authority.

4.5.2.1. Use DMLSS and available catalog research tools to ensure requested items represent the lowest delivered cost available. Document research results on the new item request. At a minimum, the following will be considered when researching the request:

4.5.2.1.1. Is the requested item a mandatory-use contract item (see paragraph 4.32.2.), i.e., National Pharmaceutical Contract? If yes, the mandatory-use contract item must be purchased unless justification for exception is provided by the pharmacy.

4.5.2.1.2. Will a standard stock listed item perform the same function at a lower delivered cost?

4.5.2.1.3. Is a less expensive item available that will perform the same function?

4.5.2.1.4. Is the requested quantity appropriate?

4.5.2.1.5. Does purchase of the item comply with regional standardization efforts? If not, a waiver must be initiated.

4.5.2.2. When the item is suspected to be hazardous, first look for a suitable non-hazardous substitute. If none are available, route the request through Bioenvironmental Engineering (BEE) to determine if a material safety data sheet (MSDS) is required. If BEE determines the item is hazardous, obtain an MSDS and set the HAZMAT Code to "Y." Follow procedures required by the local Hazardous Materiel Pharmacy (HMP) for applicable items.

4.5.3. The approval authority will forward approved requests to medical logistics for procurement action. Disapproved requests will be returned to the requester with an explanation.

4.6. Approved Purchase Request Processing.

4.6.1. The allowance standards provide a ready reference and authorize the appropriate National Stock Number (NSN) to manage unit catalogs in DMLSS. The NSN will be used as the DMLSS "Item ID." This will ensure accurate and complete identification for authorizations, accountability, data integrity, and management. If a NSN is found during initial research, it should be used. This includes standard stock numbers that have been assigned against regional or national committed volume-type contracts.

4.6.2. If a NSN is not available, medical logistics will assign a local stock number using the procedures outlined in AFMAN 41-216.

4.7. Funds.

4.7.1. Use Other Procurement (OP) funds to procure medical operating capital (investment) equipment.

4.7.2. Use MTF O&M funds for rentals and leases. Do not process transactions associated with rentals or leases in DMLSS.

4.8. Purchase Requests.

4.8.1. Information about various LP methods is in paragraphs 4.11. through 4.15. Use the forms prescribed depending upon the method (see Attachment 4).

4.8.2. For requisitions to the Defense Logistics Agency Troop Support (DLA Troop Support), other DoD activities, or the General Services Administration (GSA), use DD Form 1348-6, *DoD Single Line Item Requisition System Document (Manual-Long Form)*. Equipment requisitions from overseas activities require a completed equipment data list (EDL) in addition to the DD Form 1348-6. Instructions for preparing the EDL are published periodically via the AFML website.

4.8.3. Federal contracting activities outside the AF may require DD Form 448, *Military Interdepartmental Purchase Request,* and other accompanying documents.

4.8.4. When a Purchase Request (PR) (DD Form 1348-6, *Issue Release/Receipt Document*, AF Form 9, *Request for Purchase*, etc.) is submitted citing AFWCF/MDD funds, the due-ins will be processed in DMLSS, and the complete document number will be recorded on the manually prepared document. The document number consists of the medical SRAN, Julian date, and the four-digit serial number assigned by DMLSS.

4.8.5. When a PR citing O&M funds is not processed through DMLSS (e.g. for services), do not use the medical SRAN. Use the six-position code mutually agreed upon by contracting, finance, and medical logistics, that identifies the MTF Resource Manager.

4.8.5.1. The document number consists of the six-position code, the Julian date, and a four-digit serial number ending in 00. Refer to 2.5.2.2.

4.8.5.2. When an AF Form 9 is used, put the six-position code and the Julian date in the Number block. To facilitate tracking in the finance system, put the serial number in the item column adjacent to the appropriate entry in the description column.

4.9. Optional Local Purchase of Centrally Managed Materiel.

4.9.1. Defense Federal Acquisition Regulation Supplement (DFARS) Subpart 208.7003, *Coordinated Acquisition (Applicability),* gives commanders the ability to LP centrally managed (AAC D) items with a line item value of $25,000 or less if the Procurement Contracting Officer (PCO) judges the combination of quality, delivery, and cost is in the best interest of the government. This provision is not applicable to items required for War Reserve Materiel (WRM) assemblages or Pending deployment.

4.9.1.1. A waiver request must be sent to and approved by the applicable central manager prior to taking purchase action for line items exceeding $5,000.

4.9.1.2. Place the documentation in the contract folder and forward a copy to the PCO.

4.10. Follow-Up Procedures.

4.10.1. Follow-up is the responsibility of the activity that issues the purchase or delivery order.

4.10.2. Medical Logistics may initiate direct follow-up to the manufacturer or vendor when authorized by the applicable contracting officer.

4.10.2.1. If approved, Medical Logistics follow-up is for information gathering only. Medical logistics is not authorized to alter any contract terms.

4.10.2.2. Contact the contracting officer to make any changes. Failure to contact the contracting officer may result in an unauthorized commitment.

4.11. Emergency Medical Purchases.

4.11.1. When necessary to save life or prevent suffering, the MTF commander or other competent medical authority may direct purchase of emergency medical supplies without the prior involvement of base contracting.

4.11.2. Do not use this authority when there is time to process emergency requisitions or to route urgent requirements through normal channels. Purchase only the minimum required for the particular emergency.

4.11.3. The property custodian will submit an after-the-fact PR to Medical Logistics within one duty day after the emergency purchase. The following certificate will be completed:

"I certify that the items listed hereon were purchased in accordance with AFI 41-209, Chapter 4, paragraph 4.11. and the undersigned has received the items from [Name and address of vendor]

at the price listed opposite the items and that an emergency situation precluded the use of normal procedures."

(Signature of Recipient)

(Signature of the Approving Authority)

"I certify that procurement is authorized by AFI 41-209, Chapter 4, paragraph 4.11. and that the items listed were necessary to save life or prevent suffering."

(Signature of MTF Commander)

4.11.4. Medical Logistics will prepare a PR as follows:

4.11.4.1. Place "Confirming Request for Purchase" at the top of the PR.

4.11.4.2. List the vendor's name and address immediately following the last item in the Description column of AF Form 9, or Remarks block of the DD Form 1348-6.

4.11.4.3. Provide the certificate signed by the MTF commander.

4.11.4.4. Medical logistics will ensure a proper audit trail is established in DMLSS.

4.12. Prime Vendor.

4.12.1. PV is a DoD program that provides the MTF with a prime supplier for a distinct commodity line, including pharmaceuticals or medical/surgical (med/surg).

4.12.1.1. The Pharmacy PV is a mandatory source of supply for all MTF pharmaceutical requirements.

4.12.1.2. The med/surg PV is the first priority in source selection when an item is available.

4.12.2. For the purpose of medical supply record keeping, PV is considered an LP acquisition.

4.12.3. The contracting agency for the PV program is DLA Troop Support.

4.12.3.1. Oversight requirements for the med/surg program:

4.12.3.1.1. The MLFC will appoint a Routine Ordering Facility—Authorized Point of Contact (ROF—APOC) responsible for the Service Level Election Form (SLEF), (see paragraph 4.12.12.).

4.12.3.1.2. Only medical logistics personnel are authorized to place orders against any PV contract (including credit account ordering). Offline non-submit orders will be processed only if the requirements in paragraph 4.12.6. are met.

4.12.4. A block of delivery order numbers or call numbers are assigned by DLA Troop Support for each PV contract. The MLFC is required to develop internal procedures to ensure each number is used only once. This includes an adequate number of call numbers reserved for manual “non-submit” procurements as outlined in AFMAN 41-216. Duplication of delivery order numbers cause problems with duplicate payments and invoices. When MTFs are within 50 numbers of their assigned delivery order numbers, notify DLA Troop Support and they will assign additional blocks of numbers as needed.

4.12.5. Process routine PV requirements through the DMLSS log order process.

4.12.6. Offline non-submit orders are the exception and should only be used when the electronic ordering system cannot be used (i.e., DMLSS is down, Schedule II controlled item orders, credit orders, and emergency orders).

4.12.6.1. When placing a credit order or an order for Schedule II controlled items, process an off line non-submit order in DMLSS, print the purchase order (DD Form 1155), submit the purchase order to the PV via email or fax, and follow up with a phone call to verify receipt of the purchase order.

4.12.6.2. If an offline non-submit order needs to be placed because DMLSS is down, document the order details (item ID or PVON, quantity, call number, etc.). Do not generate the purchase order (DD Form 1155) or submit to the prime vendor. Any orders placed because DMLSS is down must immediately be entered into DMLSS when the system is restored. Refer to AFMAN 41-216, Chapter 5 for specific details.

4.12.6.3. A non-submit order will only be generated once. If additional items are required, process a separate call.

4.12.6.4. Use of proprietary vendor software (i.e., PV web order entry systems), is for research only, and is not authorized for placing orders.

4.12.7. PV Receipts. Follow the procedures outlined in AFMAN 41-216, Chapter 5.

4.12.8. Discrepancies. If the quantity received and the receiving report quantities do not match, review documents and due-ins to identify the discrepancy. After confirming the discrepancy, Medical Logistics will:

4.12.8.1. Within two business days of receiving an order, document all confirmed discrepancies using the DLA Troop Support Discrepancy Report available on the Documents tab on the AFML website Supply page. Produce a separate report for each call number.

4.12.8.2. Attach the report to an email (with read-receipt) and forward to DLA Troop Support (**pvdiscrepancy@dla.mil**), and the PV customer service POC. Include the PV contract number and call number in the subject line of the email.

4.12.8.3. File discrepancy reports in the call file folder.

4.12.9. Credit memos are issued through the PV (see paragraph 3.42.). When purchasing from a credit account, the DLA Troop Support cost recovery rate should not be included in the delivered price. Per the PV contract, items purchased via credit accounts are only charged the contract price and the PV's distribution fee. If you find the cost recovery rate is added to a credit purchase, contact DLA Troop Support.

4.12.10. Manufacturing backorder credits.

4.12.10.1. National Contracted items (mandatory-use items) are available for ordering through the PV. Some mandatory-use pharmaceutical contracts have reimbursement clauses which dictate that the MTF is authorized compensation when the supplier of a mandatory-use item is unable to meet stated demand.

4.12.10.2. MTF's will be notified by AFMOA/SGALC when a mandatory-use pharmaceutical is on manufacturer backorder and eligible for reimbursement. To obtain reimbursement, follow the procedures provided by AFMOA/SGALC.

4.12.10.3. A list of National Contracted items can be found at: **https://www.medical.dla.mil/.**

4.12.11. Establish a contract file for each PV contract. Electronic files are encouraged. At a minimum, the file should include:

4.12.11.1. A copy of the contract, including all modifications. **Note:** contract documents can be found at DLA Troop Support website **https://www.medical.dla.mil**/.

4.12.11.2. Copies of current Service Level Election Function (SLEF) documents.

4.12.11.3. A list of all PV POCs, including emergency and after hours contact information. A list of DLA Troop Support POCs. This POC information should also be maintained in on-call/after-hours operating instructions/binder.

4.12.12. Service Level Election Function (SLEF). The SLEF validates ordering point/delivery point address information, and allows each facility to choose service options available in the PV contract.

4.12.12.1. Selection of SLEF options may result in additional distribution fees that apply to all med/surg PV purchases, not just those involved with the new service level. A cost/benefit analysis should be conducted by the COR or MLFC ABMSO prior to committing to any service level option.

4.12.12.2. SLEF changes will be approved by the MTF commander, deputy commander, or administrator, and submitted to AFMOA/SGALC.

4.13. DLA Troop Support Electronic Catalog.

4.13.1. Electronic Catalog (ECAT) is a web-based ordering system at **https://www.medical.dla.mil/Portal/ECAT/EcatHome**, which enables DoD and other Federal agency customers access to multiple manufacturer and distributor catalogs.

4.13.2. Prices reflected in ECAT represent the total delivered price (i.e., shipping and handling costs, applicable DLA surcharges).

4.13.3. DLA Troop Support bills DFAS directly for ECAT items processed through DMLSS.

4.13.4. Processing ECAT requisitions.

4.13.4.1. All ECAT requisitions are processed on a “fill or kill” basis, with the exception of dental products which may include partial shipments. Status is provided by DLA Troop Support and processed in DMLSS.

4.13.4.2. ECAT vendors have 24 hours to acknowledge receipt of requisitions.

4.13.4.3. Rejects in ECAT normally occur when the item is on backorder, the item was removed from the catalog, or the wrong item was ordered. medical logistics personnel should contact the DLA Troop Support ECAT Help Desk (800-290-8201) or email: **DSCPECATHELP@dla.mil** when a reject is received. If the problem cannot be resolved, contact AFMOA/SGALC.

4.13.4.4. Incorrect items may be returned for credit. Contact DLA Troop Support for return instructions. Credits issued by the vendor are used by placing an order directly

with the vendor outside of the ECAT process. Returns may result in shipping costs and/or restocking fees.

4.13.4.5. If ordering hip/knee implants on ECAT, create a "Consignment" requisition in the ECAT application on the DLA-Troop Support website. Failure to submit this requisition to ECAT prior to using products could result in an Anti-Deficiency Act violation.

4.13.5. ECAT pricing. Notify DLA Troop Support and AFMOA/SGALC with item detail information if a significant price increase is identified. An item is considered significantly overpriced if the challenged unit price is at least 25 percent higher than the "should cost" price, and potential one-time recoupment, or annual savings based on annual item usage, is at least $500.

4.13.6. ECAT orders over $150,000.00 require a Limited Source/Sole Source justification letter submitted to DLA Troop Support.

4.14. Blanket Purchase Agreements. A Blanket Purchase Agreement (BPA) is a simplified method of ordering supplies and services. A BPA may be centralized (contracting places the orders) or decentralized, referred to as a DBPA (medical logistics places the orders). Any contracting officer may establish a BPA. For detailed specific instructions and a listing of current DBPAs, refer to the AFML website, **https://medlog.detrick.af.mil/Applications**, Tab/DBPA Resource Center/ DBPA Reference Guide.

4.15. Government-Wide Purchase Card (GPC).

4.15.1. Credit card purchases are made with the GPC IAW AFI 64-117. Provide contracting and finance with information identifying which funds are to be used for GPC purchases. Accounts will be established IAW AFI 64-117, Chapter 3.

4.15.2. For OCONUS medical logistics activities, GPC holders will contact the installation TO for assistance in determining the lowest delivered cost including shipping and most advantageous method for shipping GPC purchased items IAW AFI 24-203.

4.16. Support to Overseas Medical Activities. Overseas medical activities will obtain medical support as described in other parts of this chapter, subject to the following exceptions:

4.16.1. Overseas bases must follow guidance in AFI 44-102 when purchasing medical items. Drugs and some medical items must be approved by the Food and Drug Administration (FDA), and carry the FDA-approved label on its packaging.

4.16.2. Non-US origin drugs or biologicals may be purchased locally in quantities necessary to meet compelling emergency requirements when approved by the MTF Commander. Forward an after-the-fact report for these emergency purchases through medical channels to the Pharmacy Consultant to the AF Surgeon General. This provision does not include investigational products, such as experimental drugs, which are processed according to AFI 40-402.

4.16.3. Overseas locations should have vendors ship directly to the medical logistics account. Overseas locations should use the DLA distribution center as a "ship to" address for LP items only if the vendor cannot ship to an overseas address, the shipment is to support a contingency, or the item is purchased by a DLA entity.

4.16.4. USAFE and PACAF accounts should consider using "Medical Air Bridge" as a means of transportation in lieu of the DLA distribution center if the rates are economically feasible.

4.17. Justification for Other Than Full and Open Competition. The FAR system is designed to fulfill requirements with acceptable quality, cost, and timeliness through the maximum use of commercial items/services and reputable contractors, while promoting competition. By "promoting competition," the intent is that purchases will be made through bids, proposals, or both, received in response to solicitations, except in certain exceptional circumstances. However, to authorize the PCO to negotiate for supplies and service with providing full and open completion, see procurement statutes and regulations in FAR Subpart 6.3., *Other than Full and Open Competition.*

4.18. Transactions Involving Exchange for Replacement Purposes.

4.18.1. Exchange (trade-in) processing of eligible items shall be used to the maximum extent possible when such transactions provide an advantage to the government.

4.18.2. The property being acquired must be designed and constructed for the same specific purpose as the property being replaced. DoD 4140.01-R, DoD *Supply Chain Materiel Management Regulation*, Chapter 9.5., lists items by federal supply groups that are not eligible without prior approval of GSA. Equipment items procured become property of the government upon receipt; equipment includes hard drives and media storage devices containing sensitive or patient information.

4.18.3. The PR will be accompanied by a certification that the property is eligible for exchange and complies with all conditions and limitations in DoDI 4140.1-R, Chapter 6.2, including:

4.18.3.1. A written determination of economic advantage to the government resulting from the exchange.

4.18.3.2. Exchange allowances shall be applied towards, or in partial payment for, the items to be acquired.

4.18.3.3. The exchange property has been rendered safe, or innocuous, or has been demilitarized if required.

4.18.4. Equipment included in trade-in clauses will be identified and marked to ensure it is forwarded to the vendor in a timely manner, and not disposed of prior to, or upon receipt, of new equipment.

4.19. Centrally Procured Vaccines.

4.19.1. Influenza vaccine. AFMOA/SGALC manages the AF Influenza Vaccine program except for USAFE MTFs. USAFE MTF vaccine requirements are managed by USAMMC-E through USAFE/SG Medical Logistics. On an annual basis, AFMOA/SGALC will:

4.19.1.1. Contact MTF Influenza POCs for flu data call for all requirements.

4.19.1.2. Consolidate all AF requirements and forward orders to DLA Troop Support.

4.19.1.3. Notify MTF POCs when document numbers are available on the AFML website.

4.19.1.4. Send out-shipment notifications to MTF POCs when vaccines are shipped.

4.19.2. The MLFC will appoint a MTF POC for flu vaccines. That individual will:

4.19.2.1. Coordinate with the immunizations activity to determine the number of personnel requiring vaccine.

4.19.2.2. Input requirements for their MTF on the AFML website.

4.19.2.3. Establish local due-ins/due-outs using the NSNs and document numbers provided by AFMOA/SGALC (refer to AFMAN 41-216 for step-by-step instructions).

4.19.2.4. Supervise the receipt of each flu delivery and coordinate discrepancies with AFMOA/SGALC.

4.19.2.5. Contact AFMOA/SGALC if additional vaccine is required.

4.19.3. Anthrax & Smallpox Vaccine. The US Army Medical Materiel Agency (USAMMA) Distribution Operations Center (DOC) manages and provides oversight of the DoD anthrax/smallpox Vaccine program.

4.19.3.1. The USAMMA DOC releases vaccine from the manufacturer and arranges direct shipment to MTFs.

4.19.3.2. AFMOA/SGALC approves all AF requirements and provides USAMMA shipping recommendations.

4.19.3.3. USAMMA coordinates vaccine deliveries with MTF POCs to verify ship-to address, and provide any special preliminary receipt instructions.

4.19.3.4. The MLFC will appoint primary and alternate anthrax/smallpox POCs.

4.19.3.5. The anthrax/smallpox POC will:

4.19.3.5.1. Register to access both the anthrax and smallpox USAMMA DOC secure ordering websites. Each ordering official must have their own username and password.

4.19.3.5.2. Inventory all unopened anthrax/smallpox vaccine at their base, and input this information on the AFML website NLT the first Friday of each month.

4.19.3.5.3. Supervise receipt of vaccines.

4.19.3.5.4. Contact USAMMA DOC prior to receipt of vaccine for authorization to release vaccine to the end-user.

4.19.3.6. Ordering procedures.

4.19.3.6.1. Requestors should request vaccine by submitting an online request using the Air Force Anthrax/Smallpox Vaccine Request Form on the USAMMA DOC secure website.

4.19.3.6.2. Routine orders for vaccine should be placed a minimum of ten working days prior to the required delivery date.

4.19.3.6.3. Emergency/urgent orders are approved by AFMOA/SGALC on a case-by-case basis. The anthrax/smallpox POC will contact AFMOA/SGALC prior to

submitting an emergency request to verify shipping availability, and provide a detailed justification on the Vaccine Request Form.

4.19.3.6.4. Upon submitting the request, the requestor and AFMOA/SGALC will receive an order confirmation. AFMOA/SGALC will review and recommend approval to the USAMMA DOC, based on ordering information provided by the MTF. The USAMMA DOC will release the vaccine from the manufacturer and have it shipped directly to the MTF.

4.19.3.6.5. Ancillary supply requirements for the anthrax/smallpox program are the responsibility of the using activity.

4.19.3.7. Receiving procedures.

4.19.3.7.1. Contact the USAMMA DOC prior to processing the receipt, and follow all packaging instructions. Do not release the vaccine to the end user until authorized by USAMMA. The anthrax/smallpox POC will process a Receipt Not Due-in transaction and a Non-Refundable Issue IAW AFMAN 41-216.

4.19.3.7.2. Each shipment is packaged with a digital monitor to document shipping temperature. The anthrax/smallpox POC will return the digital monitor to USAMMA DOC within 24 hours using the prepaid envelope provided.

4.19.3.8. Storage and distribution procedures. Follow posted storage requirements for anthrax and smallpox vaccines. The refrigerator/freezer storing vaccine must be alarmed, or manually monitored and recorded every 12 hours at a minimum (including weekends).

4.19.3.9. Monthly inventories. The MTF POC will perform a monthly inventory of all anthrax and smallpox vaccine. Inventories will be posted to the AFML website no later than the first Friday of each month. Inventories should include quantities, lot numbers, and expiration dates.

4.19.3.10. Quality assurance. The USAMMA DOC provides a DoD-MMQC message at specific intervals throughout the life cycle of each vaccine. The anthrax/smallpox POC will receive a QC message when vaccine is within 60 days, 30 days, and two weeks of expiration; and on the actual expiration date. The anthrax/smallpox POC will forward each DoD-MMQC messages to all activities which have received the vaccines, to include, supported Air National Guard and AF Reserve units. DoD-MMQC messages for anthrax and smallpox will be processed in DMLSS according to the procedures outlined in Chapter 9.

4.19.3.11. Turn-in procedures. The anthrax/smallpox POC will destroy all expired anthrax/smallpox vaccines IAW paragraph 3.35.6. Upon destruction, members are required to forward a copy of the destruction document to the USAMMA DOC.

4.20. Spectacles/Glasses/Contact Lenses.

4.20.1. AF/SG manages all prescription glasses within the AF. Logistics Readiness Squadrons operate the Individual Equipment Elements and provide non-prescription sunglasses for base activities.

4.20.2. Medical officers, optometry officers, or other authorized personnel assigned to AF MTF eye clinics will prepare spectacle prescriptions. The prescribing officer will sign the

DD Form 771, *Eyewear Prescription*. The originator will forward routine spectacle requirements directly to the designated military optical activity; medical logistics will not receive or account for prescription spectacles.

4.21. Blood and Blood Products.

4.21.1. MTFs located in the US, its territories and possessions, will obtain whole blood and blood products only from sources currently certified by the Division of Biologics Standards, National Institutes of Health (NIH), and Department of Health and Human Services. PR may require contractors to meet current standards established by the American Association of Blood Banks or the American Red Cross.

4.21.2. Overseas activities will not require blood bank certification by the Division of Biologics Standards but may incorporate NIH Publication No 71-161 (or current edition) standards in PR specifications.

4.21.3. Purchase requests for blood and blood products submitted to base contracting will include:

4.21.3.1. Sources available to the requiring activity, e.g., American Red Cross Blood Banks, American Association of Blood Banks affiliate members, and independent licensed blood banks that meet acceptable standards.

4.21.3.2. Applicable specifications and standards or restrictions.

4.21.3.3. Exchange credit for blood drawn through the base donor program and for the return of unused serviceable blood.

4.22. Compressed Gases.

4.22.1. Medicinal grade oxygen, United States Pharmacopoeia (USP), is subject to FDA regulations and is the preferred item for medical treatment and patient care use. In emergency or unusual circumstances, aviators breathing oxygen, Type I, specification MIL-PRF-27210, Oxygen, Aviator's Breathing Oxygen, Liquid and Gas, or Type II (liquid), Aviator's Breathing Oxygen, specification MIL-PRF-27210 may be used when available. TO 42B5-1-2, *Gas Cylinders (Storage Type)--Use, Handling, and Maintenance*, contains general information and instructions on using and refilling breathing oxygen cylinders. Quality control procedures are in TO 42B6-1-1, *Quality Control of Aviators Breathing Oxygen*.

4.22.2. Medical logistics normally will obtain replacement gases using AFWCF/MDD funds.

4.22.3. Use AFWCF/MDD funds for both gases and services when required services, such as pickup and delivery, are included in the price of the gas. Use O&M funds when services, such as rental of cylinders, are listed as separate line items and are separately billed.

4.22.4. Medical gases will not be maintained in operating inventories. Immediately issue the total quantity received to the requesting activity.

4.22.5. DD Form 1191, *Warning Tag for Medical Oxygen Equipment*, must be attached to oxygen cylinders.

4.22.6. TO 42B5-1-2 contains the requirements for maintaining cylinders in a safe and serviceable condition including painting to the proper color, hydrostatic testing, valve

replacement or repair, and interior cleaning. It also includes general guidance on inspection, storage and handling, maintenance, safety precautions, and preparation for turn-in or disposal action.

4.22.7. Filled cylinders are considered to be serviceable if they meet the inspection and storage requirements of TO 42B5-1-2. Hydrostatic testing is required only when the cylinder is empty and the specified service date has passed.

4.23. Purchase, Receipt, and Storage of Bulk Liquid Oxygen for Medical Purposes.

4.23.1. When purchasing bulk LOX, medical logistics personnel will ensure contracts:

4.23.1.1. Specify "USP Oxygen." "USP" indicates the oxygen conforms to the requirements of the United States Pharmacopoeia. The USP standard provides the basic measures required for medical gas concentration, quality, and purity.

4.23.1.2. Include a requirement for the supplier to provide a Certificate of Purity documenting the LOX concentration. A Certificate of Purity is required for each container.

4.23.2. Written procedures will be maintained specifying the steps for receipt and storage of bulk LOX at each MTF that has a LOX storage capability. Medical logistics will:

4.23.2.1. Receive and test bulk liquid oxygen.

4.23.2.2. Designate in writing, those individuals who are responsible for the receipt of LOX.

4.23.2.3. Ensure prior to acceptance of any LOX delivery, the supplier has provided a Certificate of Purity to medical logistics personnel documenting the LOX concentration and amount. To meet current FDA requirements, oxygen must have a potency (purity) of 99.0 percent by volume of oxygen to be labeled as a USP grade medical gas, regardless of what state it is in (e.g., compressed or liquid/bulk).

4.23.2.4. Specify what actions are to be taken and who must be notified if, at the time of delivery, the oxygen potency (purity) is less than 99.0 percent.

4.23.3. Maintain the supplier's Certificate of Purity on file for two years from date of receipt for delivery of bulk LOX.

4.23.4. When storing bulk LOX, designated medical personnel will ensure:

4.23.4.1. Bulk LOX storage sites are installed, repaired, and maintained in accordance with all applicable codes, standards, and regulations, including but not limited to NFPA 55, *Compressed Gases and Cryogenic Fluids*, NFPA 99, *Health Care Facilities*, and NFPA 101, *Life Safety Code*, and AFI 91-203, *Air Force Consolidated Occupational Safety Instruction*.

4.23.4.2. Contracts for supply of bulk LOX include a provision for strict compliance with NFPA 55, NFPA 99, and NFPA 101.

4.24. Purchase, Receipt, and Storage of Medical Gases Other than Oxygen, in Bulk Liquefied Form.

4.24.1. When purchasing other medical gases in bulk liquefied form, medical logistics personnel will ensure contracts:

4.24.1.1. Include a provision for strict compliance with NFPA 55, NFPA 99, and NFPA 101.

4.24.1.2. Specify the appropriate type of gas desired, (i.e., nitrous oxide USP, carbon dioxide USP, helium USP, nitrogen USP, helium-oxygen, nitrogen NF, etc.). The abbreviation "NF" indicates the medical gas conforms to the requirements of the United States National Formulary for concentration, quality, and purity.

4.24.1.3. Include a requirement for the supplier to provide a Certificate of Purity documenting the concentration of the liquefied gas. A Certificate of Purity is required for each container delivered when multiple containers are delivered at one time. Certificates must be maintained on file for two years from the date of receipt.

4.24.2. Designated medical personnel will ensure all bulk storage sites are installed, repaired, and maintained in accordance with all applicable codes, standards, and regulations.

4.25. Medical Gases in Cylinder Form (Oxygen, Nitrous Oxide, Carbon Dioxide, Helium, Nitrogen, and Mixtures of These Gases).

4.25.1. Medical logistics personnel will ensure contracts specify the appropriate type of gas desired, (i.e., oxygen USP, nitrous oxide USP, carbon dioxide USP, helium-oxygen, nitrogen USP, helium USP, nitrogen NF, etc.), when purchasing medical gases in cylinder form.

4.25.2. Medical logistics is not required to obtain a certificate of analysis prior to accepting the delivery of medical gases in cylinder form. The cylinders and their contents are required by the FDA to be manufactured IAW both the FDA's current Good Manufacturing Practices and the USP specifications for medical grade gases in compressed cylinder form. The vendor is required to maintain all documentation certifying the purity of the compressed gas being supplied to the organization.

4.25.3. Medical logistics personnel will ensure medical gas cylinders are labeled, transported, stored, and maintained in accordance with all applicable codes, standards, and regulations including but not limited to NFPA 99, *Health Care Facilities*, NFPA 101, *Life Safety Code*, TO 42B5-1-2, *Gas Cylinders (Storage Type)--Use, Handling, and Maintenance*, and AFI 91-203.

4.26. Oxygen for Home Use.

4.26.1. Oxygen and oxygen related supplies provided to outpatients for home use may be provided pursuant to the availability of funds by one of the following methods:

4.26.1.1. The MTF may contract with a local oxygen supplier to provide complete home service. This service should include safety and operating instructions, gas cylinders, tubing, regulators, maintenance, and all other necessary supplies. Maintain a contract file for this service as with any other service contract.

4.26.1.2. Government-owned cylinders and equipment may be provided for outpatient use when an MTF does not contract for home oxygen service. When this method is used, follow these guidelines:

4.26.1.2.1. Establish an Office of Primary Responsibility to provide safety, operating, and refill procedures, as well as tubing, regulators, and other necessary supplies.

4.26.1.2.2. Establish procedures for medical maintenance to inspect regulators and other oxygen related equipment prior to issue or loan to the patient, during home use, and upon return of the equipment to the MTF.

4.26.2. When Medical Equipment Management Office-controlled equipment is loaned to an outpatient, follow the procedures for authorization and accountability in paragraph 7.24.

4.27. Prescription Labels. Prescription labels are considered printed matter and can be obtained in accordance with the procedures in DoDD 5330-3, *Defense Automated Printing Service,* or PV contract.

4.28. Orthopedic Shoes, Adjustments, and Repairs.

4.28.1. When prescribed by a medical officer, MLFC will obtain orthopedic shoes and orthopedic adjustments for authorized personnel (see AFI 41-210, *TRICARE Operations and Patient Administration Functions*). Orthopedic shoes are corrective, compensating, or remedial footwear manufactured on an orthopedic cast for patients with foot injuries or deformities.

4.28.2. Upon receipt of a DD Form 150, *Special Measurements Blank for Special Measurements/ Orthopedic Boots and Shoes,* prepare a DD Form 1348 and/or DD Form 1348-1A.

4.28.2.1. Leave item 17 blank.

4.28.2.2. Enter in the Remarks Block "Initial requirement for a trial pair of orthopedic footwear."

4.28.2.3. Indicate the patient's full name, grade, and patient’s last four numbers of Social Security Number (SSN).

4.28.2.4. Indicate the size and type of footwear for each foot as directed by the prescribing medical officer.

4.28.3. Orders should be submitted to DLA Troop Support Clothing and Textile at **http://www.troopsupport.dla.mil/ClothingandTextiles/footwear**/. Detailed instructions are available on the website.

4.28.4. When the requirement is urgent as determined by the prescribing medical officer and priority handling is desired, contact: Air Force/Coast Guard service representative, AF/CG Rep A, DLATS/OOBE, commercial phone number 215-737-7974, DSN 444-7974.

4.28.5. Upon receipt of the completed footwear, the medical officer will prepare a fitting report and send it to medical logistics.

4.28.6. Prepare a new DD Form 1348-6 for any additional shoes required, and send it with the fitting report to DLATS/OOBE.

4.28.7. Deliver the completed shoes to the attending medical officer. When the patient has transferred, ship the shoes to either the servicing MTF at the new duty location, the nearest military MTF, or VA hospital if the patient has separated. Include the fitting report and any other pertinent information.

4.28.8. When the medical officer determines that the patient's condition can be corrected by orthopedic adjustments to standard shoes, the adjustments will be obtained at government expense and applied to shoes provided by the patient.

4.29. Safety Toed Footwear and Orthopedic Safety Toed Footwear for Civilian Employees.

4.29.1. Air Force civilian personnel who require safety toed footwear in the performance of their duties can acquire them through the base Individual Equipment Unit (IEU). The safety toed footwear will be charged to the employee's organizational funds.

4.29.2. An orthopedic evaluation can be requested when the civilian employee feels the footwear does not fit properly or is causing foot problems. The employee's supervisor will initiate the request for this evaluation and have it endorsed by the Base Safety Office.

4.30. Obtaining and Accounting for Infant Formula.

4.30.1. It is common trade practice for manufacturers of infant formula to offer free formula to hospitals. The following guidance applies if a MTF chooses to accept free formula:

4.30.1.1. The PCO will notify interested manufacturers that they may supply free formula on a rotational basis of not less than six months or more than 12 months. Only one manufacturer's brand will be designated as the house formula during the specified rotation period. The house formula will be the primary formula medical logistics provides for patient use. Other brands of free formula may be available for substitution for the house formula on an exception basis based on documented medical necessity.

4.30.1.2. The PCO will prepare a schedule of suppliers and rotation dates for the products to be designated as the house formula. Medical Logistics will forecast requirements, act as the POC for the manufacturer, and manage on-hand inventories to effectively transition from one house formula to another.

4.30.1.3. Medical Logistics may use DMLSS to account for consumption history and inventory. Catalog records will be created at the prevailing market price. All receipt and issue transactions will be processed on a non-reimbursable basis. Check the “Free Issue” indicator when creating the catalog record to ensure issues are non-reimbursable.

4.30.1.4. Infant formula acquired in this manner is limited to inpatient use.

4.30.2. Infant formula will be bought, receipted for, and controlled as any other medical supply item when free formula is not available, or the MTF elects not to participate in a rotational program.

4.30.3. MTFs are authorized to go direct to the regional distributor or representative for free formula without going through the PCO or DLA Troop Support in overseas areas without infant formula distributors or manufacturers' representatives.

4.31. National Contract List and Best Pharm Report Reviews. Medical logistics will support the pharmacy’s monthly formulary reviews IAW the procedures outlined in AFI 44-102, Chapter 9.

4.32. Nonmedical Materiel.

4.32.1. General. Nonmedical supply support will only be provided to the host MTF and medical activities assigned the same resource management system responsibility center code as the host MTF.

4.32.2. Sources of nonmedical materiel.

4.32.2.1. Avoid duplicate management of line items. Order nonmedical items from Logistics Readiness Squadron (LRS). Consult with the LRS customer support office to determine if the needed supplies or equipment is available. Medical Logistics will order direct from the source of supply (DLA Troop Support, GSA, or other LP) if not stocked by LRS.

4.32.2.2. O&M-funded GPC is the preferred method to procure nonmedical supplies. If AFWCF/MDD funds are used, process as medical inventory and issue on a reimbursable basis.

4.32.2.3. Process all centrally procured nonmedical equipment requisitions through LRS with the exception of WRM SG-managed assets (see Chapter 13).

4.33. Purchase of Incentive Items for Health-Related Programs.

4.33.1. The use of DHP O&M funds to procure low-value incentive items (e.g., t-shirts, coffee mugs, pens) is authorized under the following circumstances:

4.33.1.1. For volunteer blood donors at AF MTFs with assigned blood donor center missions at the sole discretion of the MTF Commander (see AFI 65-601, Volume 1, *Budget Guidance and Procedures*).

4.33.1.2. For Health and Wellness Centers (HAWCs), medical funds can be used to procure incentive items for completion of a health-related regimen such as smoking cessation or weight loss (AFI 65-601, Volume 1, paragraph 4.31.6).

4.33.2. To satisfy the definition of "low value," the unit cost of an incentive item will not exceed $10.

4.34. Price Verification Program.

4.34.1. The purpose of the Price Verification Program is to:

4.34.1.1. Eliminate overpricing in AF acquisitions.

4.34.1.2. Furnish a means for all AF personnel to become involved in promoting more efficient use of funds.

4.34.1.3. Provide for recognition and awards.

4.34.2. Each MAJCOM and wing commander normally establishes a Price Verification Committee comprised of representatives from various organizations including the MTF. The committee provides guidance and also ensures that proper action is taken to obtain a price reduction and refund in cases where overpricing is verified. Actions that should be considered are reductions and refunds allowed by the contract clauses, investigation of improper activity, and voluntary refunds by the contractor. The MAJCOM committee may serve as arbiter for individual challenges to base/station decisions.

4.34.3. The MLFC will be the MTF price monitor and will:

4.34.3.1. Receive overpricing complaints from all sources.

4.34.3.2. Challenge items procured that appear to be overpriced.

4.34.3.3. Include a comparison with another item of similar characteristics, or an explanation of technical factors which may indicate overpricing. Verify if no similar item is available.

4.34.3.4. Send DLA Troop Support challenges to DLA Troop Support-PPI.

4.34.3.5. Send price challenges and price verifications for items from other DLA Centers and GSA to AFMOA/SGALC.

4.34.3.6. Challenge items bought through base contracting using the Price Verification Program using AF Form 1046, *Zero Overpricing Challenge/Referral*, IAW AFMAN 23-110, Volume 7, Part 4.

4.34.4. Medical Logistics personnel and appointed property custodians have a responsibility to assure the lowest delivered cost for items and services they manage. Therefore, it is unlikely that an IDEA application from a medical logistician or property custodian that suggests a lower-priced alternative item would be eligible for any award based on item cost differences.

Section 4B—Service Contracts

4.35. Service contracts include: all local purchases for maintenance of equipment and facilities, professional and non-professional services, and all other medical support services (laundry, waste, aseptic management, etc.) acquired using GPC (paragraph 4.15.), BPA (paragraph 4.13.), and other purchase methods. These may include personal or non-personal services, recurring/continuing requirements, and one-time purchases.

4.35.1. Professional Services determination shall follow published guidelines IAW 29 CFR 541, *Defining and Delimiting the Exemptions for Executive, Administrative, Professional, Computer and Outside Sales Employees.*

4.35.2. Licensure, certification, credentialing, and insurance requirements for healthcare providers shall comply with AFI 44-119, *Medical Quality Operations*.

4.35.3. Personal Services Contracts**.** Personal Services contracts for healthcare are authorized by 10 USC 1091 subject to terms and restrictions as stipulated in DFARS Subpart 237.104 (b) (ii) and DoDI 6025.5, *Personal Services Contracts for Health Care Providers*.

4.35.3.1. Only DoD contracting offices are authorized to award personal service contracts.

4.35.3.2. Requests to enter into personal service contracts for direct health care services must be approved by the MTF Commander.

4.35.3.3. The total amount of compensation paid to an individual in any year under a personal services contract shall not exceed annual compensation as specified in Section 102 of USC 3.

4.35.3.4. Personal services contract employees are managed similar to civil service civilians, by virtue of the "employer-employee" relationship created by the contract IAW

FAR 37.101, *Personal Services Contracts*. Thus, the government may be directly involved in the hiring process and indemnifies (self-insures) the individual contractor for malpractice, (i.e., they are covered by the Federal Tort Claims Act).

4.35.4. Non-personal service contract personnel are employed by the contractor (i.e. a staffing agency) and are not subject to "relatively continuous supervision and control" of the MTF. These individuals are not covered by the Federal Tort Claims Act.

4.35.5. The best way to differentiate between a personal versus non-personal service contract is to consider the relationship between the MTF and the individual. Personal services contract employees are managed as if they are direct employees such as civil service or active duty personnel. In this case, the government is more directly involved in the hiring process and these individuals are covered for liability purposes by the Federal Tort Claims Act, similar to civil service employees. Non-personal service contract personnel are hired by an outside contractor (i.e. a staffing agency) who manages and supervises the individual and handles problems with performance, etc. These individuals are not covered by the Federal Tort Claims Act and the contractor is responsible to ensure that the individual has malpractice coverage.

4.36. Funds. Purchase services with MTF O&M funds. The document number will be assigned by the Automated Business Services System (ABSS) for AF Form 9s, MIPRs, and MORDS processed in ABSS. Do not process the transaction in DMLSS.

4.37. Service Contract Management.

4.37.1. The MLFC oversees Service Contract Management for the MTF IAW paragraph 4.2.4.2.

4.37.1.1. The MLFC will appoint a Service Contract Manager (SCM) to medical logistics Service Contract Management section. The MLFC may delegate authority and responsibility for program execution, but is responsible for all actions involving service contract management.

4.37.1.2. SCM(s) will be nominated/designated as primary COR(s) for all local contracts.

4.37.2. Medical Logistics will coordinate with the requiring activity, Procurement Contracting Officer (PCO), and pertinent functional areas to ensure timely submission of a procurable package, which includes (for contracts expected to exceed Simplified Acquisition Threshold (SAT)):

4.37.2.1. Funded AF Form 9 or DD Form 448, as appropriate (see paragraph 4.7).

4.37.2.2. Performance Work Statement (PWS), Statement of Work (SOW), Statement of Objectives (SOO), or equivalent IAW FAR Subpart 37.6, *Performance Based Acquisition.*

4.37.2.3. Performance Plan, Quality Assurance Surveillance Plan (QASP) IAW DFARS Subpart 246.401 and specific requirements of the PCO.

4.37.2.4. Independent Government Cost Estimate (IGCE) IAW FAR Subpart 15.4.

4.37.2.5. Market Research IAW FAR DFARS Subpart 210.

4.37.2.6. "Other than Full and Open Competition" documentation IAW FAR Subpart 6.3, as applicable.

4.37.2.7. A Technical Evaluation Plan (TEP) for proposals including a technical evaluation.

4.37.2.8. Specific requirements of the PCO.

4.37.3. Medical Logistics will advise requiring activities of contracting alternatives such as: Commodities Council, small business, GSA, etc.

4.37.4. Functional Requirements Evaluator Designees (FREDs). The government is required to address and document its plan for evaluating contractor performance for services exceeding Simplified Acquisition Threshold (SAT) IAW DFARS Subpart 246.401. Medical Logistics will ensure evaluation plan (e.g. QASP, Performance Plan, Service Delivery Summary, etc.) addressing contractor compliance is documented in the contract file for service contracts when required.

4.37.4.1. Consistent with functional requirements, Squadron Commanders will designate individuals to carry out inspection and surveillance duties as described in the evaluation plan. FREDs will be appointed in writing to the SCM/COR prior to contract start date and replacement(s) appointed in the event of employee turnover. IAW DoD acquisition ethics policy, FREDs will complete DAU Course, CLM 003, *Overview of Acquisition Ethics*, prior to commencing duties. This training is required annually. At a minimum, FRED(s) will:

4.37.4.1.1. Monitor schedule compliance (days/hours worked).

4.37.4.1.2. Inspect deliverables (work performance).

4.37.4.1.3. Submit monthly surveillance documentation to COR IAW the specific contract terms. The COR will notify the applicable Squadron Commander of surveillance documentation not submitted within required timeframes IAW specific contract terms.

4.37.4.2. To ensure systematic, cost-effective management of contractor performance IAW DFARS Subpart 246.1, reports of nonconformance must be forwarded to the COR within three business days of the actual incident (or notification of the incident having occurred, whichever is earlier). The COR will notify the applicable Squadron Commanders of reports of nonconformance not submitted within three days.

4.37.5. Medical Logistics is responsible for a variety of post award functions as the PCO focal point. The following actions are responsibilities of Medical Logistics for locally written contracts (including local task orders written against Medical Commodity Council contracts):

4.37.5.1. Medical Logistics will create and maintain the contract management folder upon receipt of the contract from the PCO. Electronic documents/folders are acceptable to meet this requirement. Contact the PCO to determine contract documentation requirements. If no specific format is required by the PCO, ensure the contract management folder contains the following:

4.37.5.1.1. Administrative points of contact information including names, duty titles, phone numbers, mailing addresses, and email addresses.

4.37.5.1.2. Initial contract and all modifications applicable to the MTF.

4.37.5.1.3. Performance Plan, QASP, other required evaluation criteria. The performance plan must dictate the method of surveillance used for each performance element of the contract.

4.37.5.1.4. COR and FRED appointment letters with certificates of training.

4.37.5.1.5. Credentialing, licensure, and insurance requirements , etc., IAW specific contract terms and AFI 44-119.

4.37.5.1.6. Payment log, invoices, receiving reports, work order receipts, time sheets, service tickets, etc. If Wide Area Work Flow (WAWF) is used, document in the contract file. ABSS is used to process AF Form 9s, MIPRs, and MORDS processed in ABSS. Do not process the transaction in DMLSS.

4.37.5.1.7. Reports of nonconformance, validated complaints, actions taken by PCO.

4.37.5.2. The COR will notify the applicable Squadron Commander to initiate the appointment of replacement FRED personnel upon notice that a FRED vacates or has vacated the current appointment.

4.37.5.3. Designated COR personnel are responsible for contract compliance.

4.37.5.3.1. The SCM/COR will review contractor performance documentation prepared by FRED personnel on a regular basis to ensure performance is compatible with contract and mission objectives.

4.37.5.3.2. Medical Logistics will notify the PCO immediately upon receipt of a deficiency notice or a valid customer complaint.

4.37.5.4. For centrally administered contracts, Medical Logistics responsibilities are limited to the following:

4.37.5.4.1. SCM will ensure FREDs are identified in writing, receive required training, and training documentation is maintained in central contract folder IAW paragraph 4.37.5.1.

4.37.6. Contract modification. Only a warranted contracting officer has the authority to modify contract terms. The COR and/or FRED will immediately notify PCO of any action or situation which may affect contract terms.

4.37.6.1. When a contract modification involves an increase in price (i.e. the addition of funds), provide a funded purchase request (PR) following the same process for new procurements.

4.37.6.2. Provide contract expenditure information to RMO upon request to identify de-obligation opportunities. Complete necessary documentation to process the de-obligation in coordination with PCO after determination of the exact de-obligation amount.

4.37.6.3. All contracts specify payment procedures and due dates. Medical Logistics and designees will calculate and certify acceptance of services actually received under the

contract at the end of each payment period (usually monthly). The amount of payment authorized is part of this certification. Payment records will be maintained by Medical Logistics.

4.37.6.4. All contracts specify payment procedures and due dates. Medical Logistics shall calculate and certify acceptance of services actually received at the end of each payment period. Payment records will be maintained in the central contract file IAW paragraph 4.37.5.1.

4.38. Other Than Air Force Contracting Activities. Coordinate contracting support from other than Air Force contracting activities with local PCO and IAW applicable DoD and AF guidance.

Chapter 5

CONTROLLED MEDICAL ITEMS

5.1. Purpose. This chapter prescribes policy and guidance for controlling and safeguarding controlled medical items, which, because of their susceptibility to misuse and theft, require special accounting, storage, shipment, and issue precautions.

5.2. General.

5.2.1. The Drug Enforcement Agency (DEA), Department of Justice (DOJ), designates drugs as controlled substances, under the Comprehensive Drug Abuse Prevention and Control Act of 1970.

5.2.2. Controlled medical items are coded in the catalog record using the Controlled Item Inventory Code (CIIC), and include the following categories:

5.2.2.1. Precious metals such as gold, silver, and platinum, and drugs or other substances designated by the DEA as Schedule II controlled substances. The category includes items identified as CIIC R.

5.2.2.2. Drugs or other substances designated by the DEA as Schedule III, IV, or V controlled substances. The category includes items identified as CIIC Q.

5.3. Responsibilities.

5.3.1. The MTF commander, deputy commander, or administrator will:

5.3.1.1. Appoint a disinterested officer (a person not within the direct reporting chain of the MLFC), MSgt or above, or GS-07 (or WG equivalent) or higher civilian, to perform a monthly inventory of controlled items.

5.3.1.2. Grant Power of Attorney to primary and alternate approving officials for the procurement of Schedule II controlled substances (i.e., sign the DEA Form-222).

5.3.1.2.1. The primary will be the accountable base medical supply officer (ABMSO).

5.3.1.2.2. Alternates can be the MLFC (if not appointed as the ABMSO), the pharmacy flight commander, other assigned registered pharmacists, and Senior NCO 4A1s/4A2s (MSgt and above) in the position of MLFC.

5.3.1.3. This requirement does not apply to MTFs outside the 50 United States and the Territories of the United States.

5.3.2. The ABMSO will:

5.3.2.1. Maintain responsibility for managing controlled medical items. This responsibility will not be delegated.

5.3.2.2. Designate a minimum of two individuals (active duty, civilian employee, or contractor) as primary and alternate controlled medical item custodians to receive, store, and deliver items, and maintain accountable stock control records prescribed by this chapter.

5.3.2.3. Ensure controlled medical items are properly stored, and storage areas meet the criteria mandated by Title 21 Code of Federal Regulations (CFR), Section 1301.72., *Physical Security Controls for Non-Practitioners; Narcotic Treatment Programs and Compounders for Narcotic Treatment Programs; Storage Areas*.

5.3.2.4. Report loss or theft of controlled drugs to the local Office of Special Investigations (OSI) and DEA (if in the 50 United States and its territories).

5.3.2.5. Designate additional items to be accounted for and stored as code "Q" items as required.

5.3.3. Controlled medical item custodians will:

5.3.3.1. Maintain records of all accountable transactions affecting record balances for controlled items, including month Transaction Registers (TRs),), report type Controlled Items; signed copies of Delivery Lists; and Return Documents.

5.3.3.2. Ensure controlled items are secured immediately upon receipt.

5.3.3.3. Act as the MTF Precious Metal Recovery Program (PMRP) Monitors IAW AFMAN 23-110, Volume 6, Chapter 4.

5.4. Item Management.

5.4.1. The controlled item custodian will maintain automated and manual inventory and related data records for all controlled medical items in DMLSS. Controlled storage inventory records will not be removed from the vault storage area or other storage area, except under the personal supervision of the controlled medical item custodian.

5.4.2. The following physical products will be maintained in the controlled item storage area for a period of two years IAW Title 21 CFR, Section 1304.04, *Maintenance of Records and Inventories*, paragraphs (a), (f)(2), and (f)(10). Separate files will be maintained for Schedule I and II (Code R), and Schedule III-V (Code Q) records.

5.4.2.1. Hard copies of the monthly Transaction Register (TR), report type "Controlled Items," used to perform monthly and biennial disinterested inventories.

5.4.2.2. Delivery Lists used to account for all issue and turn-in transactions of code Q and R items. Ensure required custodians print (or stamp) their name and rank, and sign for all issue and turn-in transactions on these listings.

5.4.2.3. Documentation of DEA-mandated biennial inventories. If the TR is used to document the inventories, ensure 24 months of TRs are on hand. If a certificate is utilized, maintain the current and most recent certificates to ensure 24 months of history are available. DEA-mandated biennial inventories are not required OCONUS except in US Territories where DEA has jurisdiction.

5.4.3. Controlled items will be shipped according to paragraph 11.15., and disposed of according to Section 3E.

5.5. Drug Enforcement Agency (DEA) Registration.

5.5.1. AF medical activities in the 50 United States and its territories must have DEA registration for procurement of Schedule II drugs IAW Title 21 CFR, Section 1301.23. Overseas accounts cannot obtain a DEA registration, and must order controlled medical

items from the PV and other local purchase sources (DBPA, base contracting, GPC) using DLA Troop Support's registration.

5.5.2. The registration must be renewed every three years or when there is a change of facility name or address. DEA Form-224A, *Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner, Manufacturer, Distributor, Researcher, Analytical Laboratory, Importer, Exporter, Domestic Chemicals, Narcotic Treatment Programs,* is used for renewal (available at **http://www.deadiversion.usdoj.gov/index.html**).

5.5.3. Procurement of Schedule II controlled substances from commercial sources requires use of official order forms (DEA Form-222, *Official Order Form for Schedule I and II Controlled Substances).*

5.5.3.1. Keep the completed order forms, including unaccepted or defective forms, for two years.

5.5.3.2. Report lost or stolen order forms to the DEA registration section and the OSI. Include the serial numbers or date of issuance if an entire book is lost or stolen. Report any subsequent recovery of forms.

5.5.4. Prepare and submit a written notification when the DEA registration is terminated.

5.5.4.1. Return unused DEA order forms to the nearest DEA field office. Mark each unused form with the word "VOID."

5.5.4.2. Enclose the original copy of the current DEA certificate of registration.

5.5.4.3. Records involving the transfer or destruction of controlled items must be maintained for a period of 24 months for inspection by the DEA.

5.6. Receiving Discrepancies for Code R Items. Take the following actions when a discrepancy exists in the receipt of Code R items:

5.6.1. Suspend the shipment and segregate the materiel in the vault (or other designated secure storage area). Mark the materiel as suspended, and initiate an investigation into the potential cause of the discrepancy.

5.6.2. Indicate the discrepancy on the receiving report. Include the notation "See attached discrepancy report" and attach a completed copy of the SF 364, *Supply Discrepancy Report*.

5.6.3. In addition to the actions outlined in paragraphs 3.30.1.1. and 3.30.1.2., complete the following source of supply-specific notifications:

5.6.3.1. If the PV is the source of supply, notify the PV and provide all documentation verifying the discrepancy (see paragraph 3.30.2.).

5.6.3.2. For items procured through base contracting, notify the base contracting officer, and furnish documentation verifying the discrepancy.

5.6.3.3. For DLA shipments, notify DLA Troop Support and furnish documentation verifying the discrepancy.

5.6.4. If the investigation indicates the loss may have occurred during transit:

5.6.4.1. Notify Installation Transportation Officer (TO) when the shortage occurs in a shipment transported by a common carrier on a government bill of lading or commercial bill of lading when AF funds were charged for transportation. TMO will prepare the applicable discrepancy report and notify the carrier.

5.6.4.2. If the shipment originated at a DLA depot, notify DLA Troop Support. When the DLA shipment was direct from a commercial vendor, also notify the shipper and request verification of the actual quantity shipped. Complete the automated SF 364 at **https://www.medical.dla.mil**/ to request credit or billing adjustment regardless of dollar value.

5.6.4.3. For activities outside the United States, DLA responsibility for losses or damages ceases with delivery to the point of embarkation.

5.6.5. Other shipments:

5.6.5.1. Notify the shipper, and follow up with a discrepancy adjustment document.

5.6.5.2. If the shipper accepts responsibility, they will provide a corrected release/receipt document. Upon receipt, annotate the original release/receipt document "See adjustment document, Document No. _____" and show the quantity actually received.

5.6.5.3. Use SF 364 as supporting documentation for all data record adjustments, and provide a copy to the shipper.

5.6.5.4. The shipper is responsible for providing notification of the shortage to the nearest DEA Diversion Field Office (if in the 50 United States and its territories).

5.6.6. If investigation of the shortage indicates the items were not lost during transit, but may have been removed in an unauthorized manner at the receiving point:

5.6.6.1. Immediately contact the OSI and the nearest DEA Diversion Field Office (if in the 50 United States and its territories).

5.6.6.2. Report the loss to the unit Report of Survey (ROS) monitor, and ensure ROS action is initiated IAW paragraph 1.10.

5.6.6.3. After completion of the initial ROS investigation, prepare DEA Form-106, *Report of Loss or Theft of Controlled Drugs*, and submit to the nearest DEA Diversion Field Office (if in the 50 United States and its territories).

5.6.6.4. When all notifications, certifications, and investigative documentation has been completed, release the materiel from suspension and complete the receiving action.

5.6.7. For damaged materiel:

5.6.7.1. Complete SF 364.

5.6.7.2. Place an asterisk by the shipped quantity of the damaged line item on all copies of the shipping document, and include a statement including all facts regarding the damage.

5.6.7.3. Process the serviceable quantity as a regular receipt.

5.6.7.4. Process an adjustment transaction for the damaged quantity using the SF 364 as the source document.

5.7. Issue of Controlled Pharmaceuticals. Medical logistics will issue Schedule II-V pharmaceuticals only to the MTF pharmacy. The only authorized exceptions are:

5.7.1. Requests from non-MTF medical units with the written approval of the Pharmacy and Therapeutics Function (PTF) IAW AFI 44-102, *Medical Care Management*. This includes requests for human use drugs from supported Army Veterinary Clinics (issues of non-human use drugs do not require PTF approval). Subsequent requests for PTF-approved items can be added to the customer's catalog and issued on a recurring basis when any of the following conditions exist:

5.7.1.1. The request is from a medical unit with full-time pharmacy personnel assigned and appointed as property custodian (i.e., ordering/receiving official for the requesting unit) IAW paragraph 1.2.5.3.).

5.7.1.2. The request is signed by the non-MTF medical unit's senior clinician (i.e., Medical Corps or Nurse Corps officer), or other authorized individuals approved by the PTF.

5.7.1.3. Requests from the Veterinary Clinic for human use drugs.

5.7.2. The non-MTF medical unit must institute proper management controls to ensure the same individuals are not requesting, receiving, and dispensing pharmaceuticals.

5.7.3. On an annual basis, medical logistics will provide the PTF a list of all approved non-MTF controlled item requirements for revalidation.

5.7.4. War Reserve Materiel (WRM) assets. Under no circumstances will controlled items in WRM be dispensed directly by medical logistics personnel (see Chapter 13 for guidance on the proper sale of Force Health Protection Prescription Products).

5.8. Inventory of Controlled Medical Items.

5.8.1. Monthly inventory. A complete inventory of all controlled items in Operating and WRM inventories will be completed by a disinterested inspector NLT than the 10th calendar day of each month. **Note:** Medical stock record accounts that exist solely for the support of pre-positioned WRM may have the monthly inventory conducted by the accountable officer. However, every six months (to include the DEA biennial inventory), the inventory must be conducted by a disinterested officer.

5.8.1.1. A checklist on the monthly inventory process is at Attachment 6.

5.8.1.2. The inventory officer will compare the on-hand inventory counts to the formal inventory accounting record balances in DMLSS (as shown on the TR, report type "controlled items")..

5.8.1.2.1. The inventory officer will date, print their name and rank, and sign the annotated copy of the TR. If the inventory is being utilized as the biennial DEA Inventory of Controlled Substances, follow the instructions outlined in paragraph 5.6.3.

5.8.1.2.2. The inventory officer will annotate the inventory balance line of the TR "Inventoried and Found Correct" and their initials, to certify the correctness of the inventory.

5.8.1.3. Discrepancies will be investigated immediately by the ABMSO. Follow the procedures at paragraph 5.9. for any discrepancy which cannot be traced to posting errors (i.e., physical loss of an item).

5.8.2. Initial inventories resulting from catalog changes. Substances reflecting a catalog change to R or Q require an immediate inventory of all on-hand stocks IAW Title 21 CFR 21, Section 1304.11(d).

5.8.2.1. Change the location in DMLSS and immediately move all on hand assets to controlled storage.

5.8.2.2. Notify all customers (including supported non-MTF units) of the catalog change and advise them to conduct an inventory and move all on-hand assets to controlled storage.

5.8.3. Biennial Inventory of Controlled Substances.

5.8.3.1. The Comprehensive Drug Abuse Prevention and Control Act of 1970 requires an inventory of all controlled substances no less frequently than every 24 months. This requirement applies only to MTFs within the 50 United States and Territories of the United States. IAW Title 21 CFR 1304.11., *Inventory Requirements,* the inventory may be taken:

5.8.3.1.1. On any date which is within two years of the previous biennial inventory date.

5.8.3.1.2. Either as of opening of business or as of the close of business on the inventory date (annotate which on the inventory documentation).

5.8.3.2. The inventory will be conducted by a disinterested officer and follow the procedures outlined in paragraph 5.8.1.

5.8.3.3. Annotate the following information on the TR used to record the inventory (or prepare a separate certificate): the printed name, rank, and signature of the disinterested inventory officer, DEA registration number, date of inventory, and whether the inventory was as of opening of business or close of business on the date of the inventory, and the printed name, rank, and signature of the ABMSO.

5.9. Reporting Loss or Theft of Controlled Substances. When a loss or theft of controlled substances is determined, the ABMSO will:

5.9.1. Immediately notify the MTF/CC.

5.9.2. Report the loss to the unit ROS monitor and ensure ROS action is initiated IAW paragraph 1.10.

5.9.3. Contact the OSI.

5.9.4. Contact the nearest DEA Diversion Field Office, and report the loss using the on-line DEA Form 106, *Report of Loss or Theft of Controlled Drugs* (if in the 50 United States and its territories*).*

5.10. Precious Metals Recovery Program (PMRP). Air Force Installation Precious Metals Recovery Program Managers are responsible for ensuring the PMRP is managed IAW DoD 4160.21-M, *Defense Materiel Disposition Manual*, AFMAN 23-110, *USAF Supply Manual*,

Volume 6, Chapter 4, and AFPD 23-1, *Materiel Management*. Vault custodians will act as the PMRP Monitors for the MTF.

5.11. Storage of Controlled Medical Items.

5.11.1. Medical logistics vaults are designated as Protection Level 4 areas in AFI 31-101, *Integrated Defense*, Chapter 4. Procedures for resource protection are included in AFI 31-101, Chapter 8.

5.11.2. For secure storage areas equipped with intrusion detection systems or duress alarm systems, the ABMSO will ensure the system is checked quarterly IAW AFI 31-101. Document the results on AF Form 2530, *Alarm System Test Record*, or an automated record that meets the requirements of AF Form 2530.

5.11.3. The ABMSO will take the following minimum precautions for safeguarding the storage and issue of code R (Schedule II) and Q (Schedule III, IV, and V) controlled items (except alcohol and alcoholic beverages).

5.11.3.1. Code Q and R controlled items will be stored IAW Title 21 CFR, Section 1301.72.

5.11.3.2. Only the controlled medical item custodian, their alternate, and the ABMSO will know the combination to vault/caged storage areas. A copy of the combination will be placed in a sealed envelope marked "For Use In Emergency Only," and kept in a safe or safe-type filing cabinet which provides at least the same degree of protection as the controlled medical item storage area. The container cannot be used for storage of TOP SECRET materials. The MTF administrator will designate the container to store the combination; however, it will be a location other than the controlled medical item storage area. No other copies of the combination are permitted.

5.11.3.3. Other sensitive or highly pilferable items may be stored in the vault or safe when the MLFC considers it necessary.

5.11.3.4. Non-pharmaceutical Code Q items can be stored in a building with perimeter security which limits access during working hours, and provides security after working hours, IAW Title 21 CFR, Section 1301.72. In most cases, medical warehouses will meet this criteria if they are within the base perimeter, access is limited to medical logistics personnel (i.e., key/cipher lock combination control is maintained), and the building is alarmed after normal duty hours.

5.11.4. Store ethyl alcohol and alcoholic beverages in a vault or safe when space is available. When vault or safe space is limited, alcohol and alcoholic beverages may be stored in locked cages or secure rooms.

5.11.5. Controlled items that are part of a deployed MTF will be secured in the same manner as in-garrison assets where possible. At a minimum, items will be secured in locked rooms or containers.

5.12. Commercial Credit Returns for Controlled Items. Manage commercial credit returns IAW paragraph 3.42. The following specific guidance applies to managing credit returns for Code R (Schedule II) and Code Q (Schedule III-V) materiel.

5.12.1. The commercial credit returns vendor must be registered with the DEA to receive and destroy Schedule II (Code R) controlled substances. Due to DEA regulatory constraints, MTFs outside of the 50 United States and its territories cannot turn in controlled items to credit returns companies. See paragraph 3.35. for procedures on in-house or contract destruction of controlled items.

5.12.2. Process customer turn-ins IAW paragraph 3.42.2. In addition, annotate quantity and Strat state of the items turned in in DMLSS.

5.12.3. Transfer controlled items to the commercial returns contractor IAW paragraph 3.42.10.

5.12.3.1. Schedule II and Schedule III-V controlled items may be processed for destruction on the same call number. However, ensure non-controlled items are listed as a separate group, i.e. they must be clearly identifiable from controlled items.

5.12.3.2. Process destructions for all items turned in to the credit returns vendor IAW paragraph 3.35.4.

5.12.3.3. The contractor will provide a signed and dated initial inventory report IAW paragraph 3.35.4.2. Quality control and file the vendor's initial inventory report, and all destruction documentation IAW 3.35.4.2.2.

5.12.3.4. A fully annotated DEA Form-222 will be produced and provided by the contractor for all Schedule I and II items. This form will be used as the source document for Medical Logistics to document the transfer of these items to the Credit Returns contractor. Medical Logistics will forward the green copy of the DEA Form-222 to the nearest DEA Field Office.

5.12.4. Document filing. All documents associated with commercial credit returns of controlled items, (i.e., documentation of customer turn-ins, initial and adjusted inventory reports from the vendor, DEA Forms-222 for Schedule II returns, and Commercial Return Reports and/or Destruction Reports) will be maintained in the controlled item storage area. These documents must be available for two years for inspection and copying by the DEA, IAW Title 21 CFR, Section 1304.04(a).

5.13. Controlled Medical Item Management for Non-FM Account Logistics Activities.

5.13.1. Non-FM account supported medical unit commanders will ensure:

5.13.1.1. Controlled items are stored IAW Title 21 CFR, Section 1304.72. (see paragraph 5.11.).

5.13.1.2. Manual records are maintained for all controlled items using the procedures outlined in paragraph 5.4.

5.13.1.3. Monthly and biennial inventories are conducted IAW paragraph 5.8.

5.13.2. Medical Logistics will not issue controlled items to supported units without the prior approval of the PTF (see paragraph 5.7.).

Chapter 6

HAZARDOUS MATERIEL MANAGEMENT

6.1. Purpose.

6.1.1. The purpose of this chapter is to provide policy and procedural guidance for managing hazardous materiel (HAZMAT).

6.1.2. HAZMAT includes nonmedical and medical items with the exception of drugs in their finished form and pharmaceuticals in individually-issued packaging, covered under the Emergency Planning and Community Right-to-Know Act (EPCRA) or other host nation, federal, state, or local reporting requirement, the Occupational Safety and Health Administration Hazard Communication (HAZCOM) Standard, and all Class I and Class II Ozone Depleting Substances (per AFI 32-7042, *Solid and Hazardous Waste Compliance*).

6.2. Responsibilities.

6.2.1. The Medical Logistics Flight Commander (MLFC) or their designee will:

6.2.1.1. Develop and monitor the HAZMAT management program for medical logistics and the MTF.

6.2.1.2. Work closely with Base HAZMAT Pharmacy personnel in all phases of the hazardous material process, from acquisition to disposal IAW AFI 32-7042.

6.2.1.3. Develop a plan for all medical logistics personnel to properly order, receive, handle, store, label, transport, deliver, and eventually dispose of all MTF owned HAZMAT.

6.2.1.4. Assist the bioenvironmental engineering flight (BEE) in the performance of an initial and annual MTF HAZMAT/HW stream analysis by providing the monthly DMLSS Hazardous Materiel Report.

6.2.1.5. Ensure the BEE reviews any new purchase requests for known or suspected HAZMAT.

6.2.1.6. Ensure receiving and delivery personnel have access to MSDS information on items being received and delivered. MSDS are contained in the Hazardous Materiel Information System (HMIS).

6.3. Ordering Medical Hazardous Materiel.

6.3.1. Using activities will:

6.3.1.1. Identify HAZMAT by type (flammable, corrosive, reactive, toxic, radioactive, antineoplastic (chemotherapy) drug) on new requests.

6.3.1.2. Coordinate with the BEE to certify the new items are the least hazardous available to do the job.

6.3.1.3. Ensure adequate HAZMAT storage receptacles are available.

6.3.1.4. Obtain the necessary health and environmental authorization from the Base HAZMAT Pharmacy.

6.3.2. Medical logistics personnel will review available research tools prior to establishing a medical HAZMAT requirement.

6.3.2.1. Check the Universal Data Repository (UDR) to determine if an "H" notes code is assigned to it. Notes code “H” indicates the item has been previously identified as hazardous.

6.3.2.2. Ensure the item is in the HMIS database.

6.3.2.3. Screen Federal Standard 313c for Federal Stock Classes (FSC) listed in Tables 1 and 2.

6.3.2.4. Add HAZMAT Code to “Y” when items are positively verified as hazardous. Pharmaceuticals in pill form are treated as hazardous only when they are declared waste. Exceptions are all antineoplastics (cytotoxic, chemotherapy) drugs which are treated as hazardous in any form.

6.3.2.5. Forward all new item requests that have been verified as HAZMAT, or that have an FSC contained in Federal Standard 313, to BEE for their review and verification.

6.3.2.6. Clearly indicate the hazardous nature of the item on the purchase request sent to contracting. Contracting will add appropriate Federal Acquisition Regulation (FAR) clauses requiring the contractor to use and provide appropriate hazardous warning labels. Ensure these requirements are met for all credit card purchases.

6.3.2.7. Ensure receiving personnel are trained and prepared to receive HAZMAT.

6.3.3. HAZMAT minimization is an integral part of the AF goal to reduce HW. Medical logistics is encouraged to pursue all reasonable actions to avoid and reduce the use of HAZMAT and, therefore, the generation of HW within the MTF.

6.3.3.1. Encourage users to minimize the use of HAZMAT by limiting its use without compromising patient care.

6.3.3.2. Minimize HAZMAT quantities in storage areas.

6.3.3.3. Encourage requesters to review items already stocked for suitability before ordering new HAZMAT items.

6.3.3.4. Consider life cycle costs of HAZMAT usage.

6.3.3.5. Plan new systems, equipment, and maintenance procedures to minimize use of HAZMAT.

6.3.3.6. Comply with current Base HMP policy and any agreements made between the Base HAZMAT Pharmacy and medical logistics. At a minimum, provide the Base HAZMAT Pharmacy with the monthly “Hazardous Materiel Report.”

6.4. Receiving Hazardous Materiel.

6.4.1. Identify HAZMAT by:

6.4.1.1. Department of Transportation (DOT) placards on the box or container if the item is determined by DOT to be hazardous for transportation purposes.

6.4.1.2. Manifest document identifying the product as HAZMAT.

6.4.2. Inspect the condition of the container to ensure it is sealed and in good condition.

6.4.2.1. Medical logistics receiving will accept all government shipments including damaged shipments and must not refuse a shipment due to potential hazard to the public IAW DTR 4500.9-R Part II, *Cargo Movement*, Chapter 209, Loss and Damage Prevention and Astray Freight Procedures. Medical logistics personnel will accept the damaged shipment in a designated area until a determination of how the shipment can be safely handled IAW DTR 4500.9-R, Part II, *Cargo Movement*, Chapter 209. There may be receiving exceptions for express United States Postal Service (USPS) shipments. Contact installation TO for specific receiving instructions and procedures involving damaged freight.

6.4.2.2. If the shipper has departed and the shipping carton appears to be leaking, exercise the Medical Logistics Emergency Spill Response Plan, don proper PPE and proceed with spill clean-up according to the spill clean-up plan.

6.4.3. Verify that the labeling and markings on each container agrees with the manifest on the shipping document.

6.4.4. Ensure the MSDS is on hand or with the container and provide BEE with a copy.

6.4.5. Handle according to the instructions on the product's MSDS.

6.4.6. Segregate HAZMAT in a safe location, and contact the source of supply and BEE for assistance if a MSDS cannot be located.

6.4.7. Ensure the master record contains a notes HAZMAT Code "Y."

6.5. Issuing Hazardous Materiel.

6.5.1. When breaking down containers to smaller units of issue, ensure proper HAZMAT labeling is present on all units of issue (unit containers, intermediate containers, and exterior packs). Use the labels provided by the supplier or locate the necessary info in HMIS. Include the following on each label:

6.5.1.1. Product trade name, National Drug Code (NDC) or part number, and batch or lot number.

6.5.1.2. Applicable hazard warnings.

6.5.1.3. Manufacturer's name, address, and emergency telephone number.

6.5.1.4. Date of manufacture, and applicable shelf life information.

6.5.2. Segregate incompatible items to ensure safe delivery.

6.5.3. Follow base HAZMAT transportation requirements when transporting HAZMAT on base, and federal, state, and local transportation regulations and laws when transporting HAZMAT off base. Contact the Installation Transportation Officer (TO) on base for training.

6.6. Customer Turn-In of Hazardous Materiel.

6.6.1. Place HAZMAT in the appropriate storage area if the item is serviceable, and other requirements exist at turn in.

6.6.2. Report HAZMAT as excess if it meets the criteria.

6.6.2.1. Contact the manufacturer to return for credit, partial credit, replacement, or no credit if no requests generate for the HAZMAT or it is not serviceable.

6.6.2.2. Properly package, label, and transport.

Chapter 7

MEDICAL EQUIPMENT MANAGEMENT

7.1. Purpose. The Air Force Medical Service (AFMS) equipment management program provides a system for in-use equipment control and reporting based on a single organizational Medical Equipment Management Office (MEMO) at each medical stock record account. This chapter emphasizes the role of the MLFC in the equipment review and authorization processes, and makes equipment planning a continuous program. This chapter also provides policy for managing medical and nonmedical equipment items at AF MTFs and assigned supported activities, as well as medical equipment required by nonmedical AF units to support patient treatment by medical personnel. Equipment requirements will be documented when the need is recognized, and may be submitted for review and authorization any time in the budget cycle.

7.2. Medical Devices.

7.2.1. The Food and Drug Administration (FDA), which has oversight of medical devices used within the United States, defines medical devices as follows:

7.2.1.1. "An instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is:"

7.2.1.1.1. "Recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them."

7.2.1.1.2. "Intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals."

7.2.1.1.3. "Intended to affect the structure or any function of the body of man or other animals, and which does not achieve any of its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes."

7.2.2. The following categories of organizational equipment will be accounted for on MEMO records:

7.2.2.1. All medical equipment that meets the current DoD threshold for accountable equipment (see Attachment 1 for definitions of "expense medical," "high cost expense medical equipment," and "investment medical" equipment), and the following definition of "nonexpendable items (equipment)" from AFMAN 23-110, Volume 1, Part 1, Chapter 1, *USAF Supply Manual*, Attachment 1A1: "Items which are neither consumed nor lose their identity during periods of use, and normally are capable of performing a function independently."

7.2.2.2. If any of the following criteria are met, regardless of acquisition cost.

7.2.2.2.1. All equipment with predefined scheduled maintenance intervals specified in the device code.

7.2.2.2.2. All non-implantable equipment that is subject to tracking under the Safe Medical Device Act.

7.2.2.2.3. All major components of a system.

7.2.2.2.4. All equipment which is used (or can be used) for research and development, and could be used for the research or production of biological or chemical weapons. Items that meet this criteria include but are not limited to:

7.2.2.2.4.1. Centrifuges.

7.2.2.2.4.2. Flow hoods.

7.2.2.2.4.3. Anaerobic or aerobic incubators.

7.2.2.2.4.4. Microscopes.

7.2.2.2.4.5. Chemistry analyzers.

7.2.2.2.5. Any equipment item is subject to technology transfer limitations. This information is generally listed in the equipment manual, but can be obtained from the manufacturer.

7.2.2.3. Any item, regardless of unit, cost may be maintained on accountable records at the discretion of the MLFC or the MTF commander. Use the Notes field in DMLSS to further explain the rationale for maintaining the item on record. Examples include:

7.2.2.3.1. Items deemed highly pilferable.

7.2.2.3.2. Nonmedical equipment authorized for use by medical activities, except centrally managed equipment and computers.

7.2.2.4. Nonmedical centrally managed items will be accounted for on the Air Force Equipment Management System (AFEMS), with the exception of centrally managed War Reserve Materiel (WRM) equipment.

7.2.2.5. Computers will be accounted for on base communications computer system records.

7.2.2.6. Medical equipment required by non-medical AF units will be maintained on DMLSS medical equipment records for maintenance and quality assurance tracking purposes only. The medical equipment, such as Public Access Defibrillators (PADs), will be maintained on accountable AFEMS equipment records IAW AFI 23-111. Medical Logistics will ensure a Memorandum of Agreement (MOA) is completed with supported units IAW AFI 25-201, *Support Agreements Procedures*. Coordinate MOAs with the medical resource management office.

7.2.3. Medical equipment used by non-AF units are excluded from MLFC management and will not be accounted for on base equipment records.

7.3. Responsibilities.

7.3.1. AFMOA/SGAL will:

7.3.1.1. Centrally manage funding, execution, and budget requirements for medical investment equipment.

7.3.1.2. Evaluate and manage the AF/SG level approval/disapproval process to include funding for expense, high cost medical expense equipment and Other Procurement (OP) requirements.

7.3.1.3. Maintain records of all OP requests and procurement actions.

7.3.2. The MTF commander will:

7.3.2.1. Appoint property custodians to support medical logistics in the requisition, management, accountability, and maintenance of equipment in the using activities (see paragraph 1.2.5.).

7.3.2.2. Act as the Equipment Review and Authorization Activity (ERAA) IAW paragraph 7.4. The authority to approve equipment requests can be delegated (in writing) to the deputy commander or MTF administrator.

7.3.3. The Medical Logistics Flight Commander will:

7.3.3.1. Manage the MTF medical equipment management program in accordance with guidance outlined in this chapter, and other applicable DoD and AF policy.

7.3.3.2. Maintain prescribed authorization and in-use equipment records. As the responsible officer, the MLFC will maintain files for all detached facilities supported by the host MLFC IAW paragraph 7.5.

7.3.3.3. Order equipment using procurement guidance in Chapter 4 and AFMOA/SGAL guidance. Ensure appropriate technical recommendations from biomedical equipment maintenance, the facility manager, and information systems (when applicable), are incorporated into the equipment requirement (see Attachment 7).

7.3.3.4. Train account custodians on equipment management procedures and assist in the preparation of equipment requests.

7.3.3.5. Ensure equipment inventories are performed IAW paragraph 7.29.

7.3.3.6. Validate equipment due-outs and due-ins no less than every 180 days from the establishment of the due-out IAW paragraph 7.31.

7.3.4. Property custodians will:

7.3.4.1. Maintain control and effectively manage the property assigned to their accounts IAW AFI 23-111, *Management of Government Property in the Possession of the Air Force*. This responsibility includes pecuniary liability for negligent loss, damage, or destruction.

7.3.4.2. Transfer custodial responsibility when relieved from duty, transferred, separated from service, or absent from the account for a period longer than 45 days (see AFMAN 23-110, Volume 2, Part 13.). The custodian will not be relieved until the following actions are complete:

7.3.4.2.1. The assuming and outgoing property custodians will conduct an inventory and account for all property on the listing. Medical equipment management will process the necessary transactions gain and lose items identified during the inventory, and will produce an updated copy of the Custodian Receipt/Location List (CRL).

7.3.4.2.2. The assuming custodian will sign and date the CRL for all in-use items, and validate equipment on-order by reviewing and signing the account's back-order report. The custodian will return the original signed listings to MEMO, and retain copies for their files.

7.3.4.2.3. Obtain a copy of Custodian Action Lists (CAL) for items issued to, or turned-in from, the account, documenting the action taken. The document may be destroyed once the item is correctly updated on the applicable CRL.

7.3.4.3. Temporarily issue equipment on AF Form 1297, *Temporary Issue Receipt*, for equipment not within their operational control. Permanent transfers require an equipment request for transfer of accountability to the gaining account.

7.3.4.4. Prepare equipment requests for their using activity following locally developed procedures.

7.4. Review and Approval of Equipment Requirements. A medical ERAA may be used to advise the MTF commander or delegated approval official (see paragraph 7.3.2.2.). If used, the medical ERAA will:

7.4.1. Meet biannually to review equipment requirement lists. MTFs may meet more frequently if desired or needed.

7.4.2. Recommend approval or disapproval of equipment requests submitted by MEMO.

7.4.3. Prioritize all approved unfunded investment and expense equipment requests provided by MEMO.

7.4.4. Act as the approval authority for equipment requests from base medical units that do not have an MTF commander assigned, with the exception of Air Force Special Operations Command (AFSOC) units. AFSOC units will submit equipment requests to the AFSOC/SG for review/approval.

7.4.5. Act as the approval authority for medical equipment requests from nonmedical organizations.

7.5. In-Use Equipment Accountability.

7.5.1. Each using activity will be assigned a custodian account code for identification and control (accountability) purposes. The MLFC may retain custodial responsibility for mobility equipment (items not in WRM, but required for mobility such as the Critical Care Aeromedical Transport Team Patient Movement Items) and equipment placed on loan. Equipment requiring an extended period before installation or acceptance will remain the custodial responsibility of the MLFC until installation and acceptance are completed.

7.5.2. Maintaining files. The MEMO will maintain all data records, document files, and property custodian files IAW paragraph 2.5.3. Perform file maintenance IAW AFRIMS.

7.6. Relationship Between the Host Medical Equipment Management Office and Detached MTFs.

7.6.1. The host MEMO is responsible for all supported unit equipment shown on the MEMO account. As the responsible office, MEMO maintains the files and distributes, or provides access to reports and listings.

7.6.2. Requests for equipment issue, turn-in, and transfer are normally processed through the host MEMO. In some cases, ANG medical units may obtain medical equipment, purchased with ANG funds, through the Standard Base Supply System. This equipment will be accounted for on base Equipment Management Office records. This action is necessary to assist the United States Property and Fiscal Officer (USPFO) in determining the status of ANG resources (facilities, funds, and equipment) within the applicable state.

7.6.3. ANG units are responsible for ensuring their equipment is properly maintained. Host-base support agreements should be in place to assist with required maintenance (see paragraph 1.6.).

7.6.4. When a detached unit retains ERAA authority, an equipment request will be furnished to the host MEMO prior to the initiation of procurement action.

7.7. Budgeting for Equipment.

7.7.1. Equipment budgeting details are provided each year with multiple budget calls through AFMOA/SGAR channels.

7.7.2. AFMOA/SGALC will provide a consolidated AFMS medical expense equipment unfunded requirements list to AFMOA/SGAR as part of the budgeting process.

7.7.3. MLFC will provide medical maintenance and equipment custodians copies of the DMLSS Equipment Replacement Report to use in identifying equipment replacement requirements.

7.8. Authorization/Funding.

7.8.1. The approved equipment request is the source authorization document for in-use equipment. Signed ERAA minutes can be used in lieu of signed equipment requests. Each approved equipment request must cite the date the minutes were approved, and a signed copy of the minutes must be available.

7.8.2. All equipment requires an approved authorization prior to procurement, regardless of the method used (e.g., purchase, lease/rental, gift/donation, or excess transfer).

7.8.3. The MTF commander (or designated ERAA) has final approval/funding authority for all MTF expense equipment (requirements under $100,000). Medical expense equipment for non-MTF organizations is approved by the MTF ERAA but funded with O&M dollars provided by the requesting organization.

7.8.4. AFMOA/SGALE is the approval authority for all medical investment equipment, and high cost expense medical equipment. Investment medical equipment (over $250,000) is funded with OP dollars (fund code 2F). High cost expense medical equipment ($100,000 to $250,000) is funded with either local MTF or centrally-funded O&M (fund code 2X).

7.9. Requesting Equipment.

7.9.1. All equipment requirements must be loaded into The Integrated Global Equipment Request System (TIGERS) equipment request application following the instructions posted on the AFML website for funding consideration. Property custodians will provide the required justification in the format prescribed by the MLFC. The use of TIGERS Automated Request Form for submission through the AFML website is highly recommended. Development of expense medical equipment budgets and AFMOA/SGALE processing of

investment medical equipment requests are not dependent on budget cycles, therefore, requests should be submitted when the requirement is identified.

7.9.2. Prepare initial and replacement requests for X-ray systems according to AFI 41-201, *Managing Clinical Engineering Programs*. Support documents required by AFI 41-201 will accompany all equipment requests for X-ray systems.

7.9.3. Review Process.

7.9.3.1. MEMO will annotate the equipment request form with the ERAA status, funds availability, and availability of adequate substitutes or local excess of the item. After completing the applicable portions of the form, MEMO will initiate one of the following actions:

7.9.3.1.1. Forward locally approved expense equipment to the ERAA. If the ERAA disapproves the request, MEMO will update the request with reason for disapproval and return the equipment request to the property custodian. If the request is approved, MLFC orders the item if funds are available using the guidance in Chapter 4 and AFMOA/SGAL guidance. If funds are not available, check items reported as excess within the MTF or in TRIMEDS (see Section 3G). Provide the property custodian a copy of the equipment request showing actions taken and document number assigned. The custodian will be kept informed of the status of the request IAW paragraph 7.31. The custodian will advise MEMO of any change in the requirement.

7.9.3.1.2. Request a completed Manufacturer Disclosure Statement for Medical Device Security form from the manufacturer. The Disclosure Statement is required if medical maintenance determines the equipment meets any one of the following criteria: connects to the local area network or private device (e.g., patient monitoring); requires software updates; stores HIPAA protected data.

7.9.3.2. Expense/Investment/High Cost Expense Equipment. When the workflow status of AFMOA/SGAL actions are updated in TIGERS equipment request application, MEMO will:

7.9.3.2.1. Return disapproved requests through the ERAA to the originator.

7.9.3.2.2. If the request is approved and authorized for immediate procurement, complete appropriate actions as required to load the authorization in DMLSS and upload appropriate supporting documentation into the TIGERS equipment request application as required. Additional information will be provided by AFMOA/SGAL when procurement action has occurred. Equipment procurement status can be obtained within the TIGERS equipment request application on the AFML website.

7.10. Processing Medical Equipment in DMLSS. Medical equipment will be ordered and received IAW AFMAN 41-216, Chapter 9.

7.10.1. Open and inspect medical equipment shipments with a biomedical equipment technician (BMET). Process receipts in DMLSS immediately after the BMET's inspection. Do not wait until the initial work order is closed. Ensure the Acquisition Date and Acquisition Cost are established IAW paragraph 7.27.

7.10.2. Medical maintenance will ensure acceptance is completed and guarantees or warranties are identified.

7.10.3. MEMO will establish or update proper equipment records in DMLSS.

7.10.4. Receipt documentation will be maintained for the life of the equipment or six years and three months, whichever is longer IAW paragraph 2.5.3.

7.11. Issuing Equipment. MLFC will:

7.11.1. Obtain the custodian's signature on the Custodian Action List (CAL).

7.11.2. File the signed copy of the CAL in the MLFC property custodian file. **Note:** Destroy the CAL when the item appears on the Custodian Receipt/Location List (CRL), and the custodian has signed it.

7.12. Management of Computer and Communications Systems.

7.12.1. The requirement for the Medical Systems Flight to procure and manage Computer and Communications Systems does not apply to "embedded" computer systems that provide functionality to FDA regulated medical devices. These computers are acquired and operated solely in support of the medical equipment system of which they are a component. MEMO maintains the records on these systems (and their components) for the purpose of inventory, life-cycle sustainment, and budgeting purposes.

7.12.2. AF and local level certification and accreditation (C&A) requirements IAW DoDI 8510.01, *DoD Information Assurance Certification and Accreditation Process (DIACAP)*, and AFI 33-210, *Air Force Certification and Accreditation (C&A) Program (AFCAP)*, shall be initiated early during the system planning and development stage to ensure all requirements are met prior to the system being placed on the network. C&A requirements may vary depending on the MAJCOM or base, so early, close coordination with the medical systems officer is recommended to ensure full compliance with all required actions. A completed Manufacturer Disclosure Statement for Medical Device Security form (see paragraph 7.7.3.1.6) is a critical component of this process.

7.13. Furniture and Furnishings. The MTF commander has approval authority for all nonmedical furniture and furnishing requests. Acquisition of furniture items must comply with NFPA 101, *Life Safety Code,* requirements for healthcare facilities, and AFMAN 23-110, *USAF Supply Manual*, Volume 2, Part 2, Chapter 22.

7.14. Nonmedical Equipment.

7.14.1. Several nonmedical items require review by nonmedical agencies. Use AFMAN 23-110, Volume 2, Part 2, Chapter 22, as supplemental guidance when nonmedical equipment is involved.

7.14.2. The following categories of equipment require nonmedical review:

7.14.2.1. Communications equipment such as call sequencers and auto answer machines require review by the base communication agency and approval by the MAJCOM Communications-Computer Systems Requirements Board (CSRB). Land mobile radio (LMR) equipment requires CSRB technical review IAW AFI 33-106, *Managing High Frequency Radios, Land Mobile Radios (base support and combat deployable) and the Military-Affiliate Radio System*. The CSRB will determine whether medical LMR

equipment will be on a dedicated medical system or on a central base system. LMR equipment includes base support radios and pagers.

7.14.2.2. The MTF records custodian reviews requests for standard filing equipment IAW AFMAN 37-123, *Management of Records*. Refer requests for unusual, nonstandard, or electronic filing equipment to the base records manager for review.

7.14.2.3. Audiovisual equipment must be reviewed by the base expense and investment equipment manager, and MAJCOM investment equipment visual information manager IAW AFI 35-109, *Visual Information*, and AS 629 and 778.

7.14.2.4. The Defense Automated Printing Service (DAPS) administrator will administer, supervise, provide assistance, and control all assigned DAPS programs IAW DoDI 5330.03, *Defense Logistics Agency (DLA) Document Service.*

7.15. Equipment Rental or Lease. Rental or lease of equipment for use in MTFs is authorized for valid medical emergencies, or when the rental or lease is determined more advantageous or cost effective to the government (see AFI 38-203, *Commercial Activities Program*).

7.15.1. General.

7.15.1.1. Equipment leases are O&M funded. Budgeting for equipment rental or lease is the responsibility of the using activity and RMO. MLFC will maintain a list of all rental/lease authorizations.

7.15.1.2. There are two types of equipment leases that may be utilized:

7.15.1.2.1. Capital leases are agreements that substantially transfer all benefits and risks of ownership to the activity leasing the asset (see AFMAN 23-110, Volume 2, Part 2, Chapter 22). Depreciation is calculated and reported for these assets based on the criteria outlined in paragraph 7.29.3.

7.15.1.2.2. Operating leases are agreements in which the MTF does not assume the risks of ownership of the equipment. Depreciation is not calculated for operating leases.

7.15.2. Procedures.

7.15.2.1. The using activity property custodian will follow local medical equipment request procedures for rented or leased medical and nonmedical equipment. The request will include the same information that is required for equipment purchase. Specify the period of time the rental/ lease will be required, and include a rent versus buy cost/benefit analysis.

7.15.2.2. MLFC will ensure ERAA review for all lease requirements. If approved, the requirement will be entered into TIGERS IAW paragraph 7.8.2.

7.15.2.3. Contract Services will process purchase requests (PR) through resource management (for O&M fund cite) to contracting. The PR must clearly define ownership and maintenance responsibilities.

7.15.2.4. MEMO will maintain a copy the rental/lease contract with the approved equipment request IAW paragraph 2.5.3., and provide a copy to the using activity property custodian for contract surveillance. The custodian will certify the equipment is

on hand and functioning, as required by the contract, and will forward the certification to medical logistics for payment.

7.15.2.5. WAWF will assign a document number for each receipt. If WAWF does not assign a document number, Contract Services will manually assign document numbers for rental receipts. These receipts will not be processed through DMLSS.

7.15.2.6. Process an Inventory Gain Equipment transaction in DMLSS to pick up equipment on record. For capital leases, use transaction reason, "Capital Leased Equipment" and for operating leases, use "Operating Leased Equipment." Acquisition prices and acquisition dates will be established IAW paragraph 7.27.2.

7.15.2.7. Maintain maintenance records IAW AFRIMS and AFMAN 41-216.

7.16. Equipment Loans as a Component of a Consumable Item Price.

7.16.1. Programs that provide equipment as a component of consumable item pricing are authorized. The property custodian will complete a cost/benefit comparison that compares the total cost per procedure under the loan arrangement to the cost per procedures if equipment is purchased. This comparison must be provided to the contracting activity.

7.16.2. A contract that includes use of equipment as part of the consumable item cost must state that the equipment remains the contractor's property, and must clearly define any government responsibility to repair or replace damaged equipment. Follow the procedures for rented/leased equipment to account for equipment (see paragraph 7.13.2.6.). Use transaction reason "Cost Per Test" for the Inventory Gain Equipment transaction to establish accountability in DMLSS.

7.16.3. This policy does not prohibit consumable contracts in which the government not only receives the use of the equipment but builds equity towards eventual ownership of the equipment. The contract must clearly define the equity provisions.

7.16.4. Cost-per-procedure agreements that provide equipment as a component of supply item pricing are consumable contracts (not leases or rentals), and are not required to be loaded into TIGERS.

7.16.5. Use of consumable contracts to avoid justifying and funding capital investment equipment is prohibited.

7.17. Gifts/Donations. Gifts or donations of equipment items will be approved according to paragraph 3.38.

7.17.1. Donations of investment equipment must be approved through AFMOA/SGALE using the same approval process as purchased equipment.

7.17.2. Use an Inventory Gain Equipment transaction, transaction reason "Donated Property," to establish accountability for all donated medical equipment.

7.17.3. MEMO will maintain documentation for all donated medical equipment IAW paragraph 2.5.3.4.5.

7.18. End User Evaluations/Tests.

7.18.1. Formal equipment evaluations or tests. Formal user evaluations or tests of medical equipment items are conducted only when they are being considered for use across the

AFMS. MTFs will not attempt to negotiate formal user evaluations or tests directly with manufacturers or their representatives. If interested in conducting a formal end user test or evaluation, contact AFMOA/SGALE for further guidance and instructions.

7.18.2. Informal end user evaluations/tests. Informal user tests may be used by MTFs to determine if an item meets the requirements of a specific MTF.

7.18.3. The vendor providing the demonstration or use of the equipment or supplies must be informed that the user evaluation or test does not obligate the government. Additionally:

7.18.3.1. The vendor must agree that the test results will not be used as an endorsement of the product by the government.

7.18.3.2. All expenses including transportation, installation, and removal associated with the use of the item will be borne by the vendor.

7.18.3.3. A statement of understanding similar to Attachment 8 shall be executed in coordination with base contracting when entering into an informal user test agreement. The use of an item for informal testing does not affect the provisions of procurement directives for subsequent requests to buy a like item. Maintain close coordination with the base contracting and base legal to minimize procurement problems or claims against the government.

7.18.4. BMET inspection and approval, including coordination with facility management and information systems (when applicable), is required prior to the start of any equipment testing.

7.19. Inventorying In-Use Medical Equipment.

7.19.1. A complete or cyclical physical inventory of MLFC controlled property must be completed within 12 months of completion of the previous inventory (the actual due date for inventory completion is the final calendar day of the anniversary month, e.g., if the previous inventory closed on 15 Mar, the next must be completed by NLT 31 Mar of the following calendar year). A physical inventory is not considered complete until all actions outlined in paragraph 7.19.7. are completed and documented. Inventories should be initiated approximately 60 to 90 days prior to the anniversary date of the inventory. This will ensure the entire inventory process is completed before the anniversary date.

7.19.2. If extraordinary circumstances exist, AFMOA/SGAL may extend the inventory completion date. Under no circumstances will a waiver be granted after the scheduled inventory completion date.

7.19.3. MLFC will establish an inventory schedule. Inventory teams should consist of the property custodian, and at least one member from both the MEMO and biomedical equipment maintenance sections.

7.19.4. Print current copies of the Equipment Inventory List (EIL) or Customer Receipt/Locator lists (CRLs) to complete counts regardless of method used (manual, hand held terminal (HHT)-batch, or HHT-RF). Certify that each equipment item was located on the EIL or CRL. When conducting inventories using HHTs , annotate EIL or CRL either as equipment items are scanned or immediately after scanning equipment items.

7.19.5. Shortages will be researched to validate potential adjustments. Check for items on loan, overlooked in storage or in-use locations, undocumented transfers, and misidentified property.

7.19.5.1. Provide the property custodian an opportunity after the discovery of the shortage to look for missing equipment. It is recommended that the custodian be given no longer than seven days to complete the recount. In the case of a complete MTF-wide (i.e., annual) inventory, the seven-day clock should begin at the completion of all counts to allow for missing equipment to be located during inventories of other using activities in the MTF.

7.19.5.2. If the equipment is not found during the recount, the equipment is considered a validated loss. For all validated losses, MLFC will initiate a Report of Survey (ROS) IAW paragraph 1.10.

7.19.6. Follow the procedures in AFMAN 41-216, Chapter 9, for processing adjustments. Adjustment reason "Inventory Adjustment Loss" will be used to ensure equipment Inventory Adjustment Documents (IADs) are produced for certification/approval by the MLFC and approval authority. **Note:** Ensure IADs are printed immediately after processing. DMLSS will not produce printed versions of the documents after 15 days.

7.19.7. Inventory review and approval. Within ten duty days of processing the inventory adjustments (but not later than the inventory completion date), the MEMO will:

7.19.7.1. Certify the IADs as required.

7.19.7.2. Document the results of the inventory in a memorandum to the MLFC. The MLFC will act as the approval authority for the inventory (see an example of an In-Use Equipment Inventory Summary Report at Attachment 2, Figure A2.2.). If the inventory did not identify any shortages or overages, no further action is required, and the inventory is considered complete.

7.19.7.3. If inventory adjustments result from the inventory, forward all IADs resulting from the inventory to the inventory adjustment approval authority (see paragraph 3.36.11.). The IAD is a valid document only after it is signed by the certifying and approval officials, at which point the inventory is considered complete.

7.19.7.3.1. All validated losses of equipment require a ROS IAW paragraph 1.10.

7.19.7.3.2. For MC-CBRN equipment managed in support of non-MTF units, the unit commander responsible for the assemblage is the inventory adjustment approval authority.

7.19.8. Upon completion of an inventory and prior to IAD approval:

7.19.8.1. Establish a project file containing:

7.19.8.1.1. The In-Use Equipment Inventory Summary Report.

7.19.8.1.2. Annotated copies of all EILs or CRLs used to complete the counts regardless of count method used, manual, HHT-batch, or HHT-RF.

7.19.8.1.3. Original copies of all approved IADs.

7.19.8.1.4. Copies of documents forwarded to the ROS monitor for initiation of ROS actions generated as a result of the inventory. These documents will be maintained as the source document for losses processed due to ROS actions.

7.19.8.2. Print current copies of CRLs for all accounts and have custodians certify the equipment on their account by printing their names/rank, and signing the document. Remove all CALs and CRLs in the property custodian file and replace with the current, signed copy regardless of method of inventory, manual, HHT-batch, or HHT-RF.

7.19.9. All inventory documents must be retained for two years IAW AFRIMS T 23-08 R 06.00 and T 23-23.

7.19.10. If equipment is discovered after the loss is processed in DMLSS, MLFC will ensure the loss transaction is properly reversed and accurately reflected on a CAL.

7.20. Marking Equipment and Durable Supplies.

7.20.1. A marking program will be initiated to prevent theft, unauthorized use of government property, and to show organizational ownership. All mobile and removable medical and nonmedical durable supplies and equipment items should be considered as candidates for marking. Use judgment in selecting items to be marked. For example, it is not necessary to mark installed equipment or large bulky items that cannot be easily removed from the facility.

7.20.2. It is recommended that an etcher-type marker be used to mark items. The marking must be permanent and identify the item as property of the MTF. This may be accomplished by using the stock record account number, name of facility, or other marking system available or developed locally. See MIL-STD-130J, *Identification Marking of U.S. Military Property*, for additional information.

7.20.3. When marking items, consideration will be given to the following:

7.20.3.1. Mark items near the identification plate, but not on it.

7.20.3.2. Mark items in an area that is not difficult to locate.

7.20.3.3. When marking items, do not deface or destroy the appearance.

7.20.3.4. Mark items in a manner that will not interfere with the operation of the item.

7.20.3.5. When possible, mark items prior to placing them in use.

7.20.3.6. Items such as rigid scopes should not be marked if such marking will negatively impact the clinical use or sterility of the equipment.

7.20.4. Responsibility for marking new items when received is as follows:

7.20.4.1. Nonmedical equipment is marked by BMETS or MLFC personnel.

7.20.4.2. Medical equipment is marked by BMETs.

7.20.4.3. Durable supply items are marked by the property custodian.

7.21. Personal Retention Items.

7.21.1. Manage personal clothing and equipment accountability according to AFMAN 23-110, Volume 2, Part 2, Chapter 23.

7.21.2. MEMO will follow local base procedures for acquiring personal retention items from the Individual Equipment Unit or contractor-operated function.

7.21.3. Units shall maintain a record of personal retention items on the AF Form 538, *Personal Clothing and Equipment Record*, and provide a copy to each individual.

7.21.4. For returnable items, MEMO will maintain a file, by individual, of all AF Forms 1297. Outgoing personnel must out-process through MEMO to ensure items are returned. **Note:** There should only be one file maintained for each member of the MTF receiving personal retention and returnable items.

7.21.5. MEMO maintains an AF Form 538 on NSN 5180-00-117-3414, "Tool Kit, Biomedical Equipment Repairman," for each BMET assigned IAW AFI 41-201.

7.21.5.1. MEMO receives AF Forms 538 from the BMET school or other MEMO accounts as BMETs are assigned.

7.21.5.2. As part of the out-processing clearance for each BMET leaving on a permanent change of station assignment, MEMO will send the AF Form 538 to the gaining MEMO account by first class mail.

7.21.5.3. BMET personnel will turn their tool kits in to MEMO upon retirement, separation, or transfer to another AFSC.

7.21.5.3.1. The senior BMET assigned will condition code the tool boxes. Those which are in "like-new" condition or that can be restored to "like-new" condition (according to AFI 41-201), will be sent to the 380th MTG/TSS. All other tool kits turned in will be picked up on the medical maintenance custodial account and become the responsibility of the maintenance activity.

7.21.5.3.2. MEMO will maintain a log of all receipts and dispositions of AF Form 538. The log will indicate date and source of receipt, date of forwarding and destination, and/or transaction numbers for tool kits picked up on the medical maintenance activity custodial account or sent to salvage. The log shall show all actions for the previous three years.

7.22. Loan of Property.

7.22.1. The issue or loan of government property for unofficial use is prohibited.

7.22.2. The MTF commander may authorize the loan of equipment and durable supplies to other AF and DoD MTF's, outpatient or convalescent military personnel, and family members authorized treatment in an AF MTF. The DMLSS Loan Receipt/Location List, or AF Form 1297, will be prepared in duplicate and used to issue loaned property.

7.22.2.1. Durable supplies loaned for home use by authorized beneficiaries will be provided by the appropriate MTF clinic activity (e.g, outpatient clinic).

7.22.2.2. Equipment loans will be coordinated with medical maintenance.

7.22.2.3. The MTF commander may delegate limited loan approval authority to a clinical function. The clinical function will prepare and submit to the MTF commander a list of the supplies and equipment for which it is requesting loan approval authority. Loan tracking capability is embedded in the DMLSS Equipment Management (EM) module.

7.22.2.4. Equipment being considered for loan should be inspected by the medical equipment maintenance activity to ensure required maintenance is up-to-date and completed prior to loan. They should also indicate a date the equipment should be returned for future maintenance inspection actions.

7.22.3. Maintain a record of all materiel on loan. Keep the signed original Loan Receipt/Location List or AF Form 1297 with the using activity property records. Provide copies to the borrower and the responsible property custodian.

7.22.3.1. If the loaned equipment is not already listed on the account of the using activity monitoring the patient, MEMO will transfer it to that account. The account custodian will keep the approved Loan Receipt/Location List or AF Form 1297 with the account property records.

7.22.3.2. During the annual MEMO equipment inventory, MEMO and the account custodian will reconcile the record of equipment on loan by verifying that the borrower still has (and still requires), the loaned equipment. Annotate on the Loan Receipt/Location List or AF Form 1297 the date and the name of the person contacted, and document medical equipment repair verification that required maintenance and calibration was completed.

7.22.4. Returned equipment must be inspected by a BMET before being returned to service.

7.22.5. When an individual with loaned equipment moves to an area that is the responsibility of another MTF, the MTF commander of the losing MTF may approve a MEMO-to-MEMO transfer of loaned equipment to the MTF assuming patient care responsibility.

7.23. Transfers of In-Use Equipment.

7.23.1. Equipment may be relocated between property custodians within the MTF. After ensuring the new requirement is valid and within current authorizations, MEMO will perform the transfer IAW AFMAN 41-216.

7.23.2. Process assets transferred to another MTF as a MEMO-to-MEMO transfer according to AFMAN 41-216.

7.23.2.1. Losing MTFs must process an Inventory Loss Equipment transaction, transaction reason "Shipped to Another MTF." This transaction passes all data required for financial reporting (i.e., original acquisition cost, date, and accumulated depreciation).

7.23.2.2. Gaining MTFs must process an Inventory Gain Equipment transaction, transaction reason "Gain from Another MTF," to ensure the correct acquisition cost, date, and accumulated depreciation is received from the losing MTF and properly recorded.

7.24. Disposition/Disposal. When the using activity no longer requires MEMO controlled equipment, it should be turned in to medical logistics via the medical equipment repair activity for condition coding.

7.24.1. MEMO may hold serviceable equipment in a holding account for 30 days pending identification of a requirement. If the item is required in-house by another MTF activity, MEMO will transfer it. If not required locally, MEMO will transfer the item to the MEMO excess account and report it as excess IAW Chapter 3.

7.24.2. Unserviceable equipment may be held in the MEMO holding account for 30 days pending complete BMET evaluation for serviceability. After the evaluation, take required actions described in AFMAN 41-216.

7.25. Lost, Damaged, or Destroyed Property.

7.25.1. All AF employees can be held pecuniary liable for loss, damage, or destruction of property resulting from negligence, willful misconduct, or deliberate unauthorized use. Pecuniary liability will be assessed without requiring any proof of negligence or willful misconduct where an individual has deliberately made unauthorized use of AF property and as a result, the property is lost, damaged, or destroyed.

7.25.2. Damage, loss, or destruction of property which may result from negligence, willful misconduct, or deliberate unauthorized use, may require initiation of a ROS (see paragraph 1.10.).

7.25.3. Pecuniary assessment cannot be used in lieu of, or as a form of, disciplinary action.

7.26. Automated External Defibrillators for Non-MTF Organizations.

7.26.1. As a piece of medical equipment, procurement of automated external defibrillator (AED) for non-MTF units must be approved by the MTF's designated ERAA IAW paragraph 7.4.

7.26.1.1. Approved AED requirements for non-MTF organizations procured by medical logistics will be issued to non-DHP RC/CCs funded with O&M dollars provided by the requesting unit (see paragraph 7.7.3).

7.26.1.2. If procured by the using activity using GPC, the accountable base medical supply officer must approve the purchase IAW AFI 64-117.

7.26.2. The MLFC will annotate the approved request with a statement requiring an acceptance inspection by the host BMET shop. Ensuring completion of the initial inspection is the responsibility of the purchasing unit.

7.26.3. Support agreements between the MTF and using activities should be established to document responsibilities for maintenance and repair of AEDs. Payment for required repair parts, to include batteries, is the responsibility of the owning unit. Tracking of AEDs in DMLSS for maintenance and quality assurance and accounting for AEDs on LRS equipment records will be accomplished IAW paragraph 7.2.2.5.

7.27. Accounting and Financial Reporting, Equipment.

7.27.1. Assets defined as investment (capital) equipment are required to be accounted and reported for capitalization and depreciation in accordance with Statement of Federal Financial Accounting Standards (SFFAS) No. 6. DMLSS automatically calculates and forwards investment equipment depreciation data to the General Accounting and Finance System-Rehost during end-of-month processing.

7.27.2. Determination of acquisition cost. Original acquisition cost includes all costs incurred to bring equipment into service for its intended use. These costs include amounts paid to vendors, transportation to point of initial use, handling and storage costs, interest costs paid, direct/indirect production costs, installation costs, and all surcharges paid (e.g.,

AFWCF/MDD surcharge, contracting agency surcharges, etc.). The original acquisition cost will not be adjusted without the prior approval of AFMOA/SGAL.

7.27.2.1. Medical expense equipment: Total contract price plus AFWCF/MDD surcharge. DMLSS accurately populates this cost in the EM record when the receipt is processed.

7.27.2.2. OP equipment and high cost medical expense equipment centrally procured by AFMOA/SGAL: Total contract price plus contracting agency surcharge and/or AFWCF/MDD surcharge. AFMOA/SGALE will notify MTF MLFCs of total acquisition costs prior to receipt.

7.27.3. The equipment acquisition date (in service date) is the date: the title for the equipment passes to the AF; or, the date the item is delivered to the AF or to an agent of the AF (i.e., not the date the receipt is processed); or, the date the item is put into service. In most instances the acquisition date for non-installed equipment is the date the equipment was physically received and signed for by medical logistics (i.e., proof of delivery date). For installed equipment, it is the date of acceptance.

7.27.4. Leased or rented equipment.

7.27.4.1. Acquisition price.

7.27.4.1.1. Capital leases (see criteria outlined in AFMAN 23-110, Volume 2, Part 2, paragraph 22.33.6.4.). A capital lease should be recorded at the lower of either the (1) net present value of minimum lease payments, excluding that portion of the payments representing administrative costs paid to the lessor; or (2) the fair market value of the leased property when the lease began. Capital leases should be depreciated over the life of the lease or the depreciation term, whichever is shorter.

7.27.4.1.2. Operating leases. The equipment acquisition price for operating leases should be zero. Title for this equipment remains with the lessor and should not be depreciated.

7.27.4.1.3. Cost-per-procedure contracts. The acquisition price for cost-per-test equipment should be zero. Title for this equipment remains with the lessor and should not be depreciated.

7.27.4.2. Original acquisition date. Leased/rented equipment is recorded when the title passes to the Air Force and is usually indicated on the vendor invoice that accompanies the asset IAW AFMAN 23-110, Volume 2, Part 2, paragraph 22.33.8.

7.28. Acquisition of Refurbished Equipment and Repair Parts.

7.28.1. The purchase of refurbished or used medical equipment is not authorized.

7.28.2. The use of refurbished components is authorized only if they are provided by:

7.28.2.1. The original equipment manufacturer (OEM).

7.28.2.2. An OEM-approved source or subsidiary (e.g., anesthesia vaporizers).

7.28.2.3. DoD or VA depot services (e.g., x-ray tubes).

7.28.3. Equipment or parts used in the aerovac mission must be purchased directly from the OEM or their authorized distributor, as they could affect the performance of the equipment or aircraft. This may also apply to in-flight systems traceable to other testing standards (e.g., 400 Hz power inverters/converters certified by the Federal Aviation Authority) since the failure to use OEM parts will invalidate the certification of the system.

7.29. Validating Equipment Due-ins/Due-outs. Every 180 days the MLFC will take the following actions to follow-up on active due-ins and due-outs:

7.29.1. Validate with the requesting custodian that there is still a requirement for the equipment.

7.29.2. Follow up with either base contracting or the vendor to ascertain the current status of the order.

7.29.3. Document the customer validation and current status of the order in the DMLSS Due-In Record using the Notes functionality.

Chapter 8

RESERVED

Chapter 9

QUALITY ASSURANCE

9.1. Purpose. To provide policy and procedures necessary for the effective quality control of medical supplies and equipment.

9.2. General.

9.2.1. Effective control of quality is one of the basic responsibilities of medical materiel management. The MLFC executes this function through inspection, classification, and surveillance as materiel is received, issued, stored, or shipped. Defective or suspected defective materiel must be removed from serviceable inventories and using activities, and suspended from issue.

9.2.2. For the purposes of this instruction, the term "recall/alerts" applies to all required quality control actions regardless of the source of the notification (e.g., Department of Defense Medical Materiel Quality Control (DoDMMQC) message, offline quality assurance (QA) message, ECRI Tracker, Food and Drug Administration (FDA), device manufacturer, etc.).

9.3. Responsibilities.

9.3.1. AFMOA/SGALC will:

9.3.1.1. Issue instructions for disposition of suspended items.

9.3.1.2. Send QA suspension notice messages according to appropriate precedence.

9.3.2. Medical Logistics will:

9.3.2.1. Ensure the quality of medical supplies and equipment through inspection, classification and surveillance as materiel is received, issued, stored, or shipped.

9.3.2.2. Keep equipment, devices, or products in custody when death or injuries occur as a result of their use.

9.3.2.3. Manage all actions on suspended stocks.

9.3.2.4. Perform materiel inspection duties in AFMAN 23-110, Volume 1, Part 1, Chapter 4, for materiel under the control of the MLFC.

9.3.3. The MTF Patient Safety Officer (PSO) will:

9.3.3.1. Collaborate with affected using activities to develop actions plans for all recalls/alerts with clinical implications IAW paragraph 9.4.3.1.

9.3.3.2. Brief all recall/alert action plans (as required) to the MDG/SGH and appropriate executive leadership IAW paragraph 9.9.3.2.

9.4. Action on Recalls and Alerts. DMLSS is the system of record for all recall/alerts regardless of the source.

9.4.1. Recalls/alerts requiring action by medical logistics from two categories of sources: DODMMQC notices and off-line (i.e., non-DODMMQC or ECRI Tracker® alerts).

9.4.1.1. DODMMQC notices are forwarded directly to DMLSS accounts as Pending Actions. They are also available on the AFML website. Suspension notices normally include the name of the manufacturer, contract number, lot number, serial number, or other information required to identify the suspended item.

9.4.1.2. Off-line QA messages can be received from various sources, including AFMOA/SGAL QA messages for AF-unique materiel, and direct sources such as the FDA, Prime Vendors/manufacturers, etc. For all off-line notifications, determine whether the recall/alert is included in a DODMMQC message. If not, create a QA record using the procedures outlined in AFMAN 41-216, and inform AFMOA/SGALC.

9.4.2. To ensure complete coordination and action within the MTF, upon receipt of recall/alert notices from any source, Medical Logistics will do the following:

9.4.2.1. Acknowledge receipt of Category I DoDMMQC messages by the suspense date using the email link provided in the message.

9.4.2.2. Notify all affected using activities; including biomedical equipment repair (for medical equipment related recalls/alerts), and all supported medical satellites and other applicable base activities.

9.4.2.3. Inspect all Medical Logistics storage locations for affected materiel including WRM and MC-CBRN assemblages, and ensure all suspended materiel located in the using activities is turned in to Medical Logistics.

9.4.2.3.1. Immediately remove all suspended materiel from use/storage and place in segregated storage. Tag materiel with a completed DD Form 1575, *Suspended Tag - Materiel*, or DD Form 1575-1, *Suspended Label - Materiel*, IAW AFMAN 23-110, Volume 1, Part 1, Chapter 4 or when available AFMAN 23-122, Chapter 5. Enter pertinent information related to the suspension action on the form.

9.4.2.3.2. Use the Return Item screen in DMLSS IM to complete turn-ins of materiel from using activities (choose strat state "Suspended"). Turn-ins will be for no credit IAW paragraph 3.42.9.3.

9.4.2.3.3. For WRM items, refer to paragraph 13.7.1.2.

9.4.2.4. Document in the QA Action field on the QA Record Search screen (QA Details tab) all materiel actions taken by medical logistics and the using activities, and the dates the actions were completed. Materiel actions such as customer turn-ins, or transfers of inventory to strat state "Suspended" will include quantities and document numbers for audit trail purposes. Negative replies will also be documented.

9.4.2.5. Process medical equipment device recalls IAW AFI 41-201. Document work order numbers (if applicable) in the QA Action field.

9.4.3. Initiate collaboration with the MTF PSO by notifying them of all actions taken by Medical Logistics as a result of recalls/alerts. Notification should include: the date of the recall/alert, source (DoDMMQC, ECRI, FDA, etc.), item description, quantities removed from use; and for medical equipment, the work order number, and work order completion date for all maintenance actions resulting from the alert/recall.

9.4.3.1. If actionable clinical implications are identified, the PSO will collaborate with the affected MTF using activities (and the MLFC for maintenance actions), to develop an appropriate action plan and implementation guidance.

9.4.3.2. The PSO will brief the plan to the SGH and appropriate executive leadership.

9.4.3.3. Collaboration with the PSO is not required for recalls/alerts on items not in use within the MTF (including contingency materiel).

9.4.4. Hold suspended materiel until disposition instructions are received and appropriate actions are complete.

9.4.5. When all required actions are complete, close the pending action in DMLSS.

9.4.6. Maintain a log of all alerts/recalls actioned by medical logistics. The log will be maintained by FY and may be manual or electronic (spreadsheets, scanned copies of recalls, etc). The log must document customers/offices notified, action taken (including negative replies), and date completed, by message number.

9.4.6.1. Provide a copy of the log to the MTF PSO/RM on a monthly basis to facilitate communication with executive leadership.

9.4.6.2. Accounts must maintain the logs IAW AFRIMS, T 44-07, R 07.00.

9.5. Medical Materiel Complaints.

9.5.1. Medical staff, patient safety, risk management, and medical logistics personnel shall evaluate the credibility, validity, and potential harm of an item before a materiel complaint is submitted. The MTF Healthcare Risk Manager will make the final determination if a materiel-related incident warrants processing a complaint. Medical materiel complaints are classified as follows:

9.5.1.1. Category I--A supply or equipment item which has been determined by use or test to be harmful or defective to the extent that use has caused or may cause illness or death. Immediate action is required to report such items, and to remove them from using activities and serviceable inventories.

9.5.1.2. Category II--A supply or equipment item that is suspected of being defective, deteriorated, or otherwise unsuitable for use, but does not meet the criteria for a Category I complaint. Expeditious action is required to report such items, and to remove them from using activities and serviceable inventories.

9.5.2. AFMOA/SGALC will issue instructions for disposition of suspended items, and will include accounting data and provisions for replacement or reimbursement, when applicable.

9.5.3. When a materiel complaint involves an adverse patient reaction, Medical Logistics will:

9.5.3.1. Immediately remove the items from use and/or logistics storage areas (including WRM and MC-CBRN assemblages).

9.5.3.2. Establish a DMLSS QA record IAW paragraph 9.9.1.2.

9.5.3.3. Establish a complaint file with the name, register number, and other appropriate data of the patient who had the adverse reaction. Retain this information as reference data only. Do not include it in submitted reports.

9.5.4. When a materiel complaint involves a vaccine, report the incident to the Vaccine Adverse Event Reporting System (**https://secure.vaers.org/VaersDataEntryintro.htm**).

9.5.5. Defense Logistics Agency Troop Support (DLA Troop Support) may request samples of suspected defective materiel direct from the initiating activity. To ensure availability of samples, suspend all materiel exhibiting the reported defects (including partial units of issue). Do not release the materiel to the manufacturer until instructed by DLA Troop Support.

9.5.6. When death or injury occurs as a result of the use of equipment, devices, or products that may be defective, take the following actions:

9.5.6.1. Immediately sequester and maintain the equipment as is, IAW AFI 41-201, *Managing Clinical Engineering Programs*. If DLA Troop Support or the FDA requires it for investigation, item integrity and chain of custody for equipment and associated items involved in the chain of events must be sequestered in case DLA Troop Support or the FDA requires the items for investigation to support any litigation resulting from the accident. Maintain a proper chain of custody on the item.

9.5.6.2. Complete Form FDA 3500A, *Mandatory MedWatch Report*. Download the form from the MedWatch "Download Forms" webpage at **http://www.fda.gov/medwatch/index.htm**, and forward to the FDA.

9.5.6.3. Telephonic reporting of Category I complaints can also be accomplished.

9.5.6.4. Do not dispose of the item, release it to the manufacturer, or repair it without first receiving authorization from AFLOA/JACC. Notification will be forwarded through AFMOA/SGALC.

9.5.6.5. Notify the Installation Safety Office.

9.5.7. AFI 41-201, Chapter 2, contains additional guidance for reporting medical equipment complaints.

9.5.8. Medical Logistics will maintain all documentation associated with the complaint.

9.6. Quality Assurance Records in DMLSS.

9.6.1. The MLFC will ensure DMLSS is used to track all recalls/alerts regardless of source.

9.6.2. DMLSS is the system of record for all recalls/alerts regardless of source. See AFMAN 41-216, Chapter 11.

9.7. Shelf Life (Expiration-Dated) Items. Shelf life (expiration-dated) and potency type items are defined in Chapter 3, Section 3F. Keep shelf life extension program eligible items in suspended inventory for 180 days after the expiration date pending possible DoDMMQC date extension announcement. Keep outdated WRM as required by paragraph 13.7. DLAR 4155.37, *Materiel Quality Control Storage Standards, Appendix M, Medical Supplies*, has a complete list of shelf life items.

9.8. Estimated Storage Life.

9.8.1. Estimated storage life (ESL) items having an estimated shelf life greater than 60 monthsand are identified in the Universal Data Repository (UDR) with a shelf life of 61 months.

9.8.2. All medical ESL items will be coded with an initial inspection period of 36 months and a re-inspection period of 12 months. For example, if the initial inspection date is 1112, the first re-inspection date will be 1212. Estimated storage life items may be extended any number of times and are inspected per the guidelines in DLAR 4155.37. The actual inspection is accomplished within the local medical logistics activity with the assistance of the clinical staff when required.

9.8.3. If, after the inspection, there is doubt about the product's serviceability, the MLFC should suspend all quantities, and initiate a Category II medical materiel complaint.

9.9. Materiel Inspectors.

9.9.1. Medical logistics personnel perform the duties in AFMAN 23-110, Volume 1, Part 1, Chapter 4, for materiel under the control of the MLFC.

9.9.2. The condition of materiel must be evaluated when it is received, turned in, transferred between accounts, determined to be excess, or suspected of being unserviceable. Assign condition codes using the DLA Customer Assistance Handbook.

9.10. FDA Validation of Third Party Single Use Medical Devices (SUDs).

9.10.1. The FDA defines a reprocessed SUD as “an original device that has previously been used on a patient and has been subjected to additional processing and manufacturing for the purpose of an additional single use on a patient.” In accordance with HA Policy 06—13, “MTFs shall not be obligated to use reprocessed SUDs. MTFs shall not reprocess SUDs internally for their own use, or any other facility. However, MTFs shall have the option of utilizing “FDA-approved reprocessed SUDs.”

9.10.2. If an MTF chooses to use reprocessed SUDs, medical logistics will ensure the third party vendor is FDA approved and their performance is FDA-validated. To obtain the inspection report from a re-processor’s most recent FDA inspection, contact FDA’s Freedom of Information Staff by calling 1-800-638-2041, fax at 301-443-1719 or 301-443-1726 or at the FDA/CDRH FOIA Electronic Reading Room: **https://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHFOIAElectronicReadingRoom**.

Chapter 10

LINEN SUPPLY

10.1. Purpose. This chapter outlines policy for managing the medical linen supply function. It covers laundry service provided by contract, inter-service support agreement (ISSA), memorandum of agreement (MOA) or a combination of these. Procedures for control and exchange of linen within the using activities and the use of contract services are in AFI 34-246, Chapter 6, *Air Force Lodging Program*.

10.2. General.

10.2.1. When an ISSA or MOA is established and used in place of a contract, ISSA/MOA-provider performance will be monitored.

10.2.2. Linen supply will determine which items will be handled on an exchange basis and which will be laundered as required.

10.2.3. Linen storage and distribution are essential parts of the MTF infection control program. Effective procedures for collecting, transporting, processing, and storing linen are essential to eliminating nosocomial infections. Linen storage and distribution services may be included in contracts or local base contracting managed housekeeping contracts. For MTFs using Hospital Aseptic Management System (HAMS), the performance work statement (PWS) for HAMS services, Section 5, provides guidance to include the hospital linen supply function as a part of the housekeeping activity. The HAMS PWS and execution assistance can be obtained from AFMSA/SG8F.

10.3. Responsibilities.

10.3.1. The MLFC will appoint an NCO or a GS-04/WG-04 or higher civilian as the Linen Supply Officer.

10.3.2. The Linen Supply Officer (LSO) will:

10.3.2.1. Oversee MTF laundry and/or linen services.

10.3.2.2. Maintain accurate linen records.

10.3.2.3. Advise the MTF Infection Control Committee on issues relating to linen management.

10.4. Laundry Activities.

10.4.1. For contract laundry support, the LSO will:

10.4.1.1. Ensure the PWS clearly states the evaluation criteria (e.g. cleanliness, shrinkage, turnaround time, etc.) on which contractor performance will be based.

10.4.1.2. Establish and maintain a plan for quality assurance surveillance.

10.4.1.3. Inspect and document contractor performance in accordance with the performance plan.

10.4.2. For laundry ISSAs and MOAs, the LSO will:ensure the ISSA/MOA clearly states the evaluation criteria on which performance will be based.

10.5. Linen Supply Records.

10.5.1. Use AF Form 581, *Medical Linen Supply Record* (or a similar computerized linen record keeping system developed at the MTF level), to record all items under the control of linen supply.

10.5.2. Maintain a separate AF Form 581 for each using activity exchanging linens. Record using activity levels, issues, turn-ins and other adjustments.

10.5.3. The using activity will maintain an AF Form 581 to record their linen levels.

10.5.4. Posting of the AF Form 581 will be the responsibility of the contractor if service is contracted out.

10.6. Handling and Protecting Clean Linens.

10.6.1. Clean linens should be given maximum protection from contamination and soiling.

10.6.2. Establish controls to eliminate contact between clean and soiled linens. Designate separate areas in using activities and linen supply. Use separate delivery carts for exchange of clean and soiled linens. Clearly identify these carts for this purpose and never interchange them. The local infection control committee will determine how often to disinfect the carts.

10.6.3. Linens being exchanged from using activities may be estimated. Linens sent to and received from laundries may be estimated on the basis of weight rather than item count.

10.7. Laundering Organizational Clothing. Organizational clothing may be laundered under the MTF contract/ISSA/MOA.

Chapter 11

STORAGE AND DISTRIBUTION

Section 11A—Storage

11.1. Purpose. The purpose of this chapter is to provide policy and procedural guidance for managing storage areas and distributing stock IAW DoDI 4140.27, *Shelf Life Management Manual*.

11.2. Responsibilities. The MLFC will:

11.2.1. Ensure adequate storage is available to support all requirements, including operating stock, contingency assemblages, MEMO holding, bench stock, and other stock assigned.

11.2.2. Ensure controlled medical items are stored IAW the responsibilities and procedures outlined in paragraphs 5.3.3.3. and 5.11.

11.2.3. Ensure temperature sensitive items are stored in a temperature controlled environment with appropriate levels of monitoring or temperature alarms IAW DoDI 4140.27, *Department of Defense (DoD) Shelf Life Management Program.*

11.3. General. Additional storage guidance can be found in DoD 4140.1_R, -1, *DoD Supply Chain Materiel Management Regulation and AFJMAN 23-210, Joint Service Manual (JSM) for Storage and Materials Handling*.

11.4. Fire Prevention and Safety Precautions. All personnel are responsible for implementing fire prevention procedures and safety precautions as outlined in NFPA 101, *Life Safety Code*, MIL-HDBK 1191, and accrediting organization's (TJC, AAAHC) standards for safety, HAZMAT, and fire safety.

11.5. Arrangement of Stock.

11.5.1. Stock is normally stored in item ID sequence but, depending on local storage facilities and conditions, other arrangements may be used (e.g., product number sequence or location codes).

11.5.2. Arrange stock so that:

11.5.2.1. Materiel is protected against theft, and deteriorating effects of weather, light, moisture, extreme temperatures, and vermin.

11.5.2.2. Adequate storage space is available for loose, bulk, controlled, refrigerated, flammable, and other special storage items as required.

11.5.2.3. Stocks can be inspected and inventoried without difficulty.

11.5.2.4. Stocks may be pulled for issue or shipment with a minimum amount of handling.

11.5.2.5. Wasted space is minimized.

11.5.2.6. There is no interference with installed fire suppression systems, operation of fire doors, egress of personnel, or entry of first responders in the event of fire or other emergency incident (e.g., HAZMAT spill).

11.5.2.7. Maximum permissible floor load is not exceeded.

11.6. Controlled Medical Items. Controlled medical items will be stored IAW the procedures outlined in paragraph 5.11.

11.7. Deteriorative Items. Medical items, particularly drugs, deteriorate rapidly when exposed to direct sunlight, excessive heat or cold, or moisture. Manufacturers identify items that require storage at specified temperatures. These storage temperatures must be complied with to prevent the issue and use of an item which may be ineffective or dangerous. Some items require storage in a specific manner to prevent deterioration. For example:

11.7.1. Store X-ray film on edge in a vertical position as the pressure exerted by stacking tends to fog the film.

11.7.2. Refrigerated and frozen items.

11.7.2.1. Refrigerated items. Store at temperatures between 35 degrees and 46 degrees Fahrenheit, and comply with all special instructions appearing on the item, shipping label, or in the universal data repository (UDR). Ship items by refrigerated method.

11.7.2.2. Frozen items. Store and ship at temperatures below 32 degrees Fahrenheit, and comply with all special instructions appearing on the item, shipping label, or in the UDR.

11.7.2.3. Monitoring refrigerated and frozen items. The decision to install an alarm system should be based on the value of the drugs in refrigerated/frozen storage, availability of resupply (i.e., the impact their loss would have on MTF or contingency operations), availability of emergency power, and the cost of the installation/maintenance of the alarm system.

11.7.2.3.1. If alarm systems are installed, conduct alarm system checks no less than every 90 days. Document the results using AF Form 2530, *Alarm System Test Record*, or an automated record that meets the requirements of AF Form 2530.

11.7.2.3.2. If alarm systems are not installed, ensure daily temperature logs are maintained.

11.8. Dangerous Materiel. Special storage and handling requirements for dangerous materiel are outlined in NFPA 101, MIL HDBK 1191, DoD 4140.1_R, -1, DoD Supply Chain Materiel Management Regulation and AFJMAN 23-210, Joint Service Manual (JSM) for Storage and Materials Handling, and AFI 24-203, Preparation and Movement of Air Force Cargo.

11.9. Rotation of Stock. Medical materiel stocks will be rotated to the maximum extent possible. Store expiration-dated items so the materiel that expires first is issued first.

11.10. Theft and Pilferage. All warehouse doors will be secured, and access restricted to authorized individuals. Personnel not listed on the authorized access list will be escorted at all times.

Section 11B—Distribution

11.11. General. Comply with AFPD 24-2, *Preparation and Movement of Air Force Materiel*, AFI 24-203, and AFMAN 24-204, *Preparing Hazardous Materials for Military Air Shipments*; in addition to Interstate Commerce Commission, Department of Transportation, and United

States Postal Service (USPS) regulations for preparing and shipping materiel. Obtain required services from base transportation.

11.12. Packing.

11.12.1. Pack materiel to provide protection against damage in transit. Proper interior blocking, bracing, cushioning, wrapping, partitioning, padding, exterior cartoning, boxing, and crating depend upon the physical characteristics of the materiel and the mode of shipment.

11.12.2. Consider anticipated storage/in-transit times when repacking materiel.

11.12.3. Place a copy of the shipping document in each box for multipacks, and copies of all shipping documents in "Box 1."

11.12.4. The controlled medical item custodian must witness the packaging of all Code R items and precious metals, and verify the contents by signing the shipping document. The packager will also sign the shipping document.

11.12.5. Prepare hazardous materiel (HAZMAT) for shipping by certified LRS or Installation TO (Cargo Movement Element) HAZMAT shippers IAW all applicable local, state, and federal regulations (see the publications referenced in paragraph 11.11.). Additional guidance may be obtained from the Bioenvironmental Engineering Flight.

11.13. Marking.

11.13.1. Mark packages based on the type and method of shipment.

11.13.2. The following information may be required:

11.13.2.1. Caution Labels. Attach caution labels to containers of such commodities as combustible, hazardous, and corrosive materiel and other commodities that require caution in handling.

11.13.2.2. This Side Up Labels. When the marking —"This Side Up" is used, place arrows on the sides pointing to the top of the container.

11.13.2.3. Special Handling Labels. Use stencil labels or stickers to indicate Fragile, Glass, Handle with Care, Delicate Instrument, Prepared with Dehydrating Agents and other appropriate caution measures.

11.13.2.4. Perishable Labels. Ensure that medical items which require freezing or refrigeration are packed, marked, and labeled to avoid deterioration and loss. Use DD Form 1502, *Medical Materiel Shipment, Frozen*, DD Form 1502-1, *Medical Material Shipment, Chilled*, or DD Form 1502-2, *Unrefrigerated Medical Materiel Shipment, Limited*, as appropriate. Provide the transportation activity the necessary information for completing the forms and marking shipment. Quality control standards and serviceability guidance, as well as a list of medical items requiring refrigeration or freezing, are in DLAR 4155.37, *Materiel Quality Control Storage Standards - Appendix M - Medical Supplies.*

11.13.2.5. Air Shipment Labels. Plainly label or stencil —"Packed for Air Shipment" on packages being transported by air. Stamp —"Priority Mail" on all surfaces of packages to be shipped by USPS via air.

11.13.3. Use the fractional box numbering system when materiel is packed in two or more boxes. The number on the left is the number of the box and the number on the right is the total number of boxes in the shipment. Ensure copies of all documents are attached to box 1 and copies are in each box as needed.

11.14. Shipment Funding. The following information is used to determine funds used to pay for shipment of materiel. See AFI 24-203 for guidance on proper procedures of shipping materiel.

11.14.1. Transportation Account Code (TAC) F7MD was established to ship Air Force Working Capital Fund Medical-Dental Division (AFWCF/MDD) excess being shipped to other AFWCF/MDD stock record accounts, DLA Disposition Services, DLA Troop Support, or other sources of supply. This TAC may also be used for credit returns if the Credit Returns Contract is AFWCF/MDD funded (see paragraph 3.42.). Coordinate with local transportation office for appropriate shipping document.

11.14.2. TAC F7WR has been established to ship AFWCF/MDD WRM from one MDD account to another.

11.14.3. The transportation office requires the shipper have written approval from AFMOA/SGALO to use these TACs. Request use by email verifying assets being shipped are AFWCF/MDD owned. For F7WR requests, provide the following additional information: purpose for shipment, destination of the shipment, estimated shipping costs, and actual shipping costs (when available).

11.14.4. Transportation of AFWCF/MDD excess being shipped to other services, or non-AFWCF/MDD activities, is the funding responsibility of the receiving activity.

11.14.5. Fund all O&M property shipments (MEMO equipment, repair and returns, and other MTF materiel) with local O&M funds. Use appropriate exercise funds (O&M) to transport AFWCF/MDD materiel that is being moved for exercises.

11.14.6. The assigned Emergency and Special Programs (ESP) code should be added to the O&M TAC or O&M Fund Citation ID for materiel shipped in support of an active contingency operation, if a specific TAC is not assigned to the operation. The ESP code allows for proper identification of costs related to the contingency and supports requests for reimbursement.

11.15. Shipping Controlled Medical Items and Hazardous Materiel. All controlled items (Code R, Code Q, and precious metals) must be shipped by registered mail or other traceable means. Prepare and mark packages as follows:

11.15.1. Each parcel must be placed in a plain outer container or securely over-wrapped in plain paper.

11.15.2. Do not place markings of any kind which would indicate the nature of the contents on the outside wrapper or container of any parcel containing controlled substances.

Chapter 12

AMBULANCES AND OTHER MEDICAL VEHICLES

12.1. Purpose.

12.1.1. This chapter assigns responsibilities for the management and use of ambulances and other vehicles procured to satisfy AF Medical Service (AFMS) requirements. It applies to all levels of command within the AFMS responsible for vehicle management.

12.1.2. This chapter describes the data elements used in the Allowance Standard Retrieval System of the Air Force Equipment Management System (AFEMS) to manage vehicle allowances for the AFMS.

12.2. Responsibilities.

12.2.1. The vehicle management activity at all levels of command is the final authority for the management of all vehicles, including those authorized for the AFMS.

12.2.2. AF/SG3 is the final medical authority for additions to allowance source codes (ASCs) 010 and 012.

12.2.3. AFMOA/SGAL Field Support representatives (for CONUS-based medical logistics activities) and , USAFE/SG or PACAF/SG Medical Logistics representatives (for OCONUS-based medical logistics activities) will:

12.2.3.1. Coordinate with the MAJCOM vehicle management staff to move existing vehicles within the command to support vehicle requirements.

12.2.3.2. Coordinate ASC 010 for GOV and ASC 012 for leased vehicles changes through the MAJCOM vehicle management staff for submission to the ASC manager at Vehicle Management and Equipment Management Support Office (VEMSO)/AF/A4R.

12.2.3.3. Validate Program Objective Memorandum (POM) requirements submitted to VEMSO/AF/A4R.

12.2.3.4. Coordinate with the MAJCOM vehicle management staff to revise MAJCOM specific ASCs.

12.2.3.5. Request POM programming for new peacetime vehicle requirements through the MAJCOM vehicle management staff.

12.2.3.6. Conduct annual review of MAJCOM specific ASCs.

12.2.3.7. Validate annual programming allocations to ensure they are executed as programmed.

12.2.4. Manpower and Equipment Force Packaging Responsible Agencies (MRA) will:

12.2.4.1. Identify vehicle requirements to support all existing and newly created WRM Unit Type Codes (UTCs).

12.2.4.2. Ensure vehicles to support WRM assemblages are added to the War and Mobilization Plan.

12.2.5. WRM assemblage units will coordinate approved vehicle requirements with their base LRS vehicle management element to ensure mobility vehicles are assigned the proper use code: A is for mobility deployers and usually in the unit's possession (tasked out by a UTC), C is for joint-use peacetime/wartime), and D is pure WRM (prepositioned to support all other Unit Line Number (ULN) requirements).

12.2.6. MTF commander will:

12.2.6.1. Appoint a member of the medical logistics activity as MTF Vehicle Control Officer (VCO).

12.2.6.2. Appoint a Vehicle Control Noncommissioned Officer (VCNCO) to assist the VCO in carrying out VCO duties. The VCNCO is usually from the MTF primary care or emergency service function.

12.2.7. The VCO/VCNCO will:

12.2.7.1. Assist medical commanders in developing local operating instructions for vehicle management.

12.2.7.2. Act as a liaison between the MTF and base vehicle management staff on all matters concerning government vehicles.

12.2.7.3. Take action to preclude vehicle abuse, misuse, or damage.

12.2.7.4. Ensure only qualified and licensed drivers operate all vehicles.

12.2.7.5. Initiate AF Form 601, *Equipment Action Request*, or MAJCOM approved form for vehicle requirements IAW AFI 24-302, *Vehicle Management*, through the base LRS vehicle management element to request funded authorizations for required peacetime/WRM vehicle requirements.

12.2.7.6. Coordinate actions with your AFMOA/SGAL field support team, MAJCOM Medical Logistics, or appropriate MRA for WRM vehicles as applicable.

12.2.7.7. Coordinate with LRS to ensure mobility assets are identified in UTC load plans.

12.3. Procedures.

12.3.1. New vehicle requests will follow the procedures outlined in AFI 24-302, paragraph 4.24 and 4.73. New vehicle requirements will be routed through MAJCOM/SG and A4R, to AFMOA/SGALO for final validation before submittal for budgetary programming.

12.3.2. Organization-level Medical Logistics will not initiate turn-in action on any ambulance, ambulance bus, specialized medical vehicle (i.e. High Deck Patient Loading Platform (HDPLP)) or WRM vehicle without the coordination with AFMOA/SGALO, MAJCOM medical logistics representative, and MRA representative (for WRM or specialized medical vehicle).

12.3.3. Specifications for replacement of ambulances will be approved by MAJCOM medical logistics activities or AFMOA/SGAL field support teams prior to procurement by the appropriate transportation functional office.

12.4. Leasing Medical Vehicles. AFI 24-302, paragraph 4.29., outlines procedures for vehicle rentals and leases.

12.5. Contract Ambulance Response Services Utilizing Government-Owned Medical Vehicles.

12.5.1. The VCO must coordinate with the MAJCOM vehicle management staff (through base vehicle management) prior to including government-owned vehicles as Government Furnished Property in any Performance Work Statement IAW AFI 24-302, Section 4I. This requirement includes ambulances on an emergency services contract.

12.5.2. It is authorized for a contractor to perform emergency medical technician duties for an MTF as long as government employees (active duty military or federal civilian) are responsible for operating and maintaining the government-owned ambulances.

Chapter 13

CONTINGENCY MEDICAL MATERIEL AND PATIENT MOVEMENT ITEMS (PMI) MANAGEMENT

Section 13A—General Management

13.1. Purpose. Provide policies and procedural guidance to manage Contingency Medical Materiel and the Patient Movement Item (PMI) Program. This includes War Reserve Materiel (WRM), Medical Countermeasures, Chemical, Biological, Radiological and Nuclear (MC-CBRN) materiel, Pandemic Influenza (PI) contingency medical materiel, and both operational and contingency PMI procedures.

13.2. General. The first section provides roles and responsibilities to all agencies and individuals involved in the management of Contingency Medical Materiel and PMI.

13.3. Responsibilities.

13.3.1. The Air Force Surgeon General (AF/SG) will:

13.3.1.1. Implement medical programs to support DoD and AF objectives.

13.3.1.2. Develop policy and procedures for managing medical Contingency Materiel Programs.

13.3.1.3. Consolidate WRM requirements and approve Program Objective Memorandum (POM) requirements.

13.3.2. AF/SG Functional Area Manager (FAM) will:

13.3.2.1. Designate Manpower and Equipment Force Packaging Responsible Agencies (MRA) to develop and maintain detailed data IAW AFI 10-401 on UTC's for use throughout the Air Force.

13.3.2.2. Annually publish medical WRM and MC-CBRN contingency materiel requirements through the Air Force Medical Service Medical Resources Letter (MRL).

13.3.3. Air Force Medical Operations Agency, Medical Logistics Division (AFMOA/SGAL) will:

13.3.3.1. Provide overall logistical policy, procedures, and management for medical contingency materiel programs. All changes will be coordinated with the appropriate MRAs.

13.3.3.2. Develop POM requirements and manage distribute WRM funds (AFWCF/MDD and line O&M) required for the procurement and sustainment of AFMS WRM assemblages in coordination with the MRAs.

13.3.3.3. Provide sustainment for medical contingency assemblages and materiel.

13.3.3.4. Provide oversight, management, and publication of Medical ASs.

13.3.3.5. Designate an AF Shelf Life Extension Program (SLEP) Manager.

13.3.3.6. Establish a system to develop, maintain, review, and update ASs for AFMS contingency materiel programs.

13.3.3.7. Coordinate with AMC/SG on the procurement, distribution, and maintenance of PMI.

13.3.3.8. Manage the SG-managed materiel program.

13.3.3.9. Develop in-garrison maintenance procedures for WRM IM/IT hardware and software.

13.3.4. MAJCOMs will provide contingency materiel mission requirements to their assigned units.

13.3.5. Air Mobility Command Surgeon General (AMC/SG) will:

13.3.5.1. As the AF/SG designated Lead and MRA for PMI, provide worldwide SME, policy, procedures, and management information for the PMI Program.

13.3.5.2. POM for, manage, and distribute PMI funds required for the procurement and sustainment of the global PMI program.

13.3.5.3. Coordinate with COCOMs and theater medical/AE planners regarding PMI support to OPLANs to include, PMI laydown and execution of PMI requirements, operations, and sustainment.

13.3.5.4. Execute financial plans in support of the PMI program.

13.3.5.5. Review published guidance, item suitability, and submit/review proposed program changes.

13.3.5.6. Coordinate AS levels with AFMOA/SGAL.

13.3.5.7. Act as the primary point of contact for PMI ULN sourcing to support all contingency operations and exercise support.

13.3.5.8. Provide management assistance to PMI centers/cells, aeromedical evacuation squadrons (AES), and other medical units using PMI assets.

13.3.5.9. Coordinate with the USTRANSCOM/SG and Global Patient Movement Joint Advisory Board (GPMJAB) on standardization of PMI for DoD.

13.3.6. Air Force Forces Surgeon (AFFOR/SG) will:

13.3.6.1. Provide list of deployed medical logistics POCs to the Air Force Medical Logistics Operations Center (AFMLOC).

13.3.6.2. Provide AFMLOC and deploying medical logistics personnel information on intra-theater airflow, and identify cargo distribution hubs.

13.3.6.3. Establish equipment and supply policies to aid deployed commanders in meeting mission requirements.

13.3.6.4. Request assignment of medical logistics and biomedical equipment maintenance manpower augmentation teams, to any node within the supply chain. Locations include aerial ports of embarkation (APOEs), aerial ports of debarkation (APODs), Theater Lead Agents for Medical Materiel (TLAMM) distribution centers,

deployment distribution operations center, regional MERCs, Loaner, Repair and Return Centers (LRRCs), PMI Centers, Cells, Nodes, and AE Hubs.

13.3.6.5. Provide management oversight to theater MTFs, PMI Cell(s), and PMI nodes and other medical units to ensure PMI is not being used to augment organic capability IAW JP 4-02, *Doctirne for Health Services Support in Joint Operations,* and DoDI 6000.11, *Patient Movement (PM).*

13.3.7. Air Force Medical Logistics Operations Center (AFMLOC) will:

13.3.7.1. Act as the primary POC for the Combined Air Operations Center (CAOC), deployed units, and the sustaining bases (refer to AFTTP 3-42.8, *Expeditionary Medical Logistics (EML) System*) on medical materiel and supply chain issues.

13.3.7.2. Monitor Class VIIIA supply chain processes.

13.3.7.3. Coordinate resolution of Class VIIIA supply chain issues with various applicable agencies and commands.

13.3.7.4. Coordinate transportation funding requirements associated with deployed medical logistics supply chain support.

13.3.7.5. Coordinate deployed logistics management systems support.

13.3.7.6. Request activation or revision of FM and FY accounts (e.g. Department of Defense Activity Address Codes, (DoDAAC)) for contingency medical logistics accounts.

13.3.7.7. Provide guidance for selling off deploying UTCs.

13.3.8. Medical Treatment Facility (MTF) Commander will:

13.3.8.1. Appoint a medical WRM Project Officer. This will normally be the ABMSO, but can be a MSgt or above, or GS-09 (WG equivalent) or higher civilian working in the logistics flight. Accounts with no one assigned who meets the grade criteria need to apply for a waiver from AFMOA/SGAL.

13.3.8.2. Ensure assigned contingency medical materiel programs are established and maintained to support assigned missions.

13.3.8.3. Approve the loan of WRM materiel IAW paragraph13.28.9.

13.3.9. Medical Logistics Flight Commander (MLFC) at bases with PMI Centers will:

13.3.9.1. Manage PMI assets IAW section 13D.

13.3.9.2. Annually provide HQ AMC/SGXM a copy of the PMI Center‘s DMLSS Equipment Replacement Report IAW paragraph 7.7.3.

13.3.10. War Reserve Materiel (WRM) Project Officer will:

13.3.10.1. Ensure all authorized contingency medical materiel assemblages are established and levels loaded in the DMLSS system.

13.3.10.2. Maintain and deploy all contingency materiel assemblages in the highest state of materiel readiness.

13.3.10.3. Ensure that all assigned contingency medical materiel assemblages are inventoried IAW paragraph 3.36. and Attachment 3.

13.3.10.4. Provide information on materiel status of all assigned contingency medical materiel projects IAW AFI 41-106, *Medical Readiness Program Management*, to Team Chiefs and the Medical Readiness Committee (MRC).

13.3.10.5. Provide medical logistics support to assigned/appointed MC-CBRN Team Chiefs.

13.3.10.6. Provide MC-CBRN Team Chiefs and custodians technical guidance and training on logistics matters for assigned assemblages.

13.3.10.7. Appoints in writing a primary and alternate SLEP monitor.

13.3.10.8. Ensure medical logistics personnel have ready access to secure communication devices.

13.3.10.9. Be familiar with logistics responsibilities and execution for contingency CONOPS and overarching Tactics, Techniques and Procedures (TTP).

13.3.10.10. Annually review and validate assigned assemblages as listed on the AFMS MRL and units Designed Operational Capability (DOC) statement, IAW paragraph 13.13.2.

13.3.10.11. Ensure all assigned contingency medical materiel is stored IAW Chapter 11.

13.3.10.12. Ensure assets are packed in a manner that will meet DOC stated response times. Assets/pallets must be clearly marked with assemblage ID, DoDAAC (if applicable), box number, and red cross (or other accepted medical marking).

13.3.10.12.1. Obtain dunnage requirements for WRM and inspect annually IAW AFI 24-203, *Preparation and Movement of Air Force Cargo*.

13.3.10.12.2. Review the Installation Deployment Plan to ensure provisions are made to protect temperature sensitive materiel during cargo marshalling.

13.3.10.13. Provide medical logistics input to base support plans for all activities involved in marshalling of assets and personnel mobility.

13.3.10.14. Develop activation checklists for medical logistics contingency response activities.

13.3.10.15. Act as the FRED for the Contracting Officers Technical Representative (COTR) IAW IGM contract for Medical Logistics units with full time In-Garrison Maintenance (IGM) contract personnel assigned.

13.3.10.16. Establish necessary support agreements for supported units IAW AFI 25-201, *Support Agreements Procedures*, Chapter 4, and in coordination with Resource Management.

13.3.10.17. Coordinate with AFMOA/SGAL if base support activities are not available, for servicing of major nonmedical contingency items (e.g. generators, communications equipment, etc.).

13.3.10.18. Ensure all assigned deployable Unit Type Codes (UTC) Mission Capability Statements (MISCAPs) are reviewed and vehicle requirements are identified. If vehicle requirements are not identified, submit AF601 to LRS for authorization and sourcing.

13.3.11. Shelf Life Extension Program (SLEP) Primary and Alternate Monitors will:

13.3.11.1. Ensure all possible materiel candidates for SLEP testing are loaded into the SLEP/FDA website.

13.3.11.2. Take all actions prescribed on DoD/FDA SLEP messages and MC-CBRN Equipment SLEP messages to extend, re-label, dispose, and report all items as required by the Defense Medical Materiel Program Office (DMMPO) or by the AF SLEP Manager.

13.3.11.3. Take all action necessary to ship requested samples for testing purposes within five days of request.

13.3.11.4. Update all DoD/FDA SLEP eligible items quality assurance information in the DoD/FDA SLEP website every 90 days.

13.3.11.5. Maintain SLEP contents in a central continuity file. See paragraph 13.11.

13.3.12. MC-CBRN Team Chief will:

13.3.12.1. Ensure inventories of their MC-CBRN assemblages are scheduled and completed IAW the frequency and procedures outlined in paragraph 13.33.8.

13.3.12.2. Be responsible for the oversight and maintenance of this materiel, IAW AFI 41-106.

13.3.13. MC-CBRN Team property custodian will:

13.3.13.1. Identify assemblage resupply requirements to medical logistics using local ordering procedures.

13.3.13.2. Complete annual inventories.

13.4. Selecting Contingency Medical Materiel.

13.4.1. Items required to support WRM, MC-CBRN, and PMI missions will be standardized across AF and other Service assemblages to the greatest extent possible through the use of approved allowance standards. The AS provide a ready reference and authorizes the appropriate National Stock Number (NSN) to manage unit catalogs in DMLSS. The NSN will be used as the DMLSS "Item ID." Current AS can be found on the AS Management System Application of the AFML website.

13.4.2. First Aid Kit Program guidance is outlined in T.O. 00.35A-39. This is a critical First Responder contingency medical materiel program and the supporting Medical Logistics Flight provides program oversight and acquires customer funded requests for replacement and sustainment for first aid kit modules and complete kits.

13.4.3. A few contingency programs require local and annual requirements calculations and review calculations and validations (see paragraph 13.18. for specific requirements to be considered in the calculations and validations of these levels).

13.4.4. Substitute materiel can be considered in meeting requirements when medically acceptable to facilitate rotation of stocks or make use of available excess materiel.

13.4.4.1. Only aeromedical certified equipment will be used as a substitute for prime items that require aeromedical certification.

13.4.4.2. Items locally selected as suitable substitutes will be approved by the MTF commander or designated reviewing authority.

13.4.4.3. Caution will be used when substituting consumables linked to an equipment end item to ensure compatibility.

13.4.4.4. Documentation to validate substitute item selection will be placed in the appropriate assemblage continuity file.

13.4.4.5. Prime-sub relationships will be reviewed annually to delete invalid relationships. Invalid relationships occur when there is no due-in or on-hand balance for the substitute item.

13.4.5. Recommendations for item substitutions, replacements, or deletions will be submitted through the appropriate MRA who will coordinate with the designated pilot unit.

13.5. Assemblage IDs.

13.5.1. The AS number is used as the DMLSS Assemblage ID for contingency assemblages where materiel requirements are authorized by an AS.

13.5.2. Some WRM programs do not have an AS, their assembly IDs are:

13.5.2.1. Mass Casualty First Aid Kits-"SFAK"

13.5.2.2. Self-administered BW/CW-"BWCW"

13.5.2.3. Clinician-administered BW/CW–"BCWB"

13.5.2.4. Anti-Malaria Prophylaxis-"AMCP"

13.5.2.5. The Facility Bed Expansion Programs-"FAEX"

13.5.3. AF/SG-directed assemblages. The first two positions will be "SG" followed by a two position numeric code starting with 01. When multiple quantities of the same assemblage are assigned, the Assemblage ID will be the same for identification and visibility purposes.

13.5.4. SG99 is reserved for WRM excess. This excess will be managed IAW paragraph 3.46.4.2.

13.5.5. MAJCOM-directed and locally approved assemblages. The first two positions will be the MAJCOM code available from AFI 10-401, *Air Force Operations Planning and Execution*, followed by a two position numeric code starting with 01. In cases where multiple quantities of the same assemblage are directed by a MAJCOM, the numeric designator will be the same for identification and visibility purposes. All locally developed and authorized contingency medical materiel programs must have a MAJCOM-directed Assemblage ID.

13.6. Deferred Procurement Programs.

13.6.1. The primary objective of the deferred procurement (DP) program is to maximize readiness responsiveness while minimizing investment in on-hand inventories.

13.6.2. The DP program provides MTFs the ability to delay/defer the purchase of selected items. These items are ordered, received, and integrated into an assemblage, upon activation or deployment notification.

13.6.3. The primary target for the DP program is shelf life items with limited rotation opportunities. The decision to include contingency items in DP, is based on an acquisition strategy that ensures items are obtained and integrated prior to staging the assemblage for activation or deployment.

13.6.4. Units may establish programs locally.

13.6.5. AFMOA/SGAL centrally manages designated assemblages in DP programs. In order to include an assemblage in a DP Program, a recommendation may be submitted for review and approval.

13.6.6. AFMOA/SGAL establishes centrally managed contingency contracts and contingency stockpiles at Consolidated Storage and Deployment Centers (CSDCs) to support central DP programs.

13.6.7. Routine peacetime Blanket Purchase Agreements (BPA) and Prime Vendor (PV) contracts are not considered viable deferred procurement contracts unless they have item specific readiness contractual clauses.

13.6.8. All assemblages in DP programs, local or centrally managed, will be approved by the MRC. Notify AFMOA/SGAL if the MTF Commander (via the MRC) chooses not to implement a DP plan for a designated assemblage in the Centrally Managed DP program. In addition, the WRM Project Officer must notify AFMOA/SGAL of a transfer and/or deployment/sell-off of a WRM project that is included in the Centrally Managed DP program.

13.6.9. MTFs choosing to utilize local DP to support assemblage requirements must develop a plan to ensure effective order/delivery execution.

13.6.10. Deferred Procurement Plans must be maintained in the continuity file.

13.6.11. Exercising DP plans.

13.6.11.1. Centrally-managed DP programs are exercised by AFMOA/SGAL annually to evaluate the vendor's capabilities to provide the contracted materiel. AFMOA/SGAL will generate an after action report and forward copies to all WRM project officers and applicable MRAs. A copy of the after action file must be maintained in the contingency continuity file.

13.6.11.2. A table-top exercise of all locally developed DP plans must be conducted annually IAW the terms of the contract. Forward any issues from the tests to the appropriate contracting office and monitor for resolution. Maintain documentation of exercise results and problem resolution.

13.6.11.3. After action reports from all DP exercises (centrally-managed and local) must be briefed to the MRC.

13.6.12. Use of the DP capability does not eliminate the requirement to establish levels. Code items as deferred in DMLSS. The DP code takes precedence over the critical item code.

13.7. Shelf Life Extension Program (SLEP) and Expiration Dated Items.

13.7.1. DoD/FDA Shelf Life Extension Program.

13.7.1.1. The purpose of the SLEP is to reduce the replacement costs of selected pharmaceutical items.

13.7.1.2. Ensure all outdated materiel (including assets being retained for SLEP testing) is tagged with DD Form 1575, *Suspended Tag Materiel*, according to AFMAN 23-110, Volume I, *USAF Supply Manual, Basic Air Force Supply Procedures*, Part 1, Chapter 4.

13.7.1.3. Expiration-dated pharmaceuticals may be extended through the DoD/FDA SLEP. The following factors are considered to determine the cost effectiveness of testing a lot: quantity, dollar value, replacement cost, test cost, and credit returns availability. To get a complete listing of what is in the SLEP, visit the DoD/FDA SLEP website (**https://slep.dmsbfda.army.mil**/).

13.7.1.4. Do not destroy SLEP items that are undergoing FDA testing. When the original date is exceeded, do not issue stock. Place in "FDA Test" stratification state until test results are posted on the SLEP website.

13.7.1.4.1. If the date is extended, review requirements for the materiel and re-stratify the materiel based on the new expiration date.

13.7.1.4.2. If the date is not extended, destroy or process through credit returns program if required.

13.7.1.4.3. Stock stratified in "FDA Test" will not be destroyed or replaced until final disposition instructions are provided by the FDA and published on the DoD/SLEP website.

13.7.1.5. Logistics receives SLEP notifications pertaining to stock in two different methods: notification via an automated email from the SLEP website; and/or from the AFML website. Extensions are applied on a worldwide basis to all stocks participating in SLEP, provided that materiel is stored or maintained in the environmental conditions prescribed by the manufacturer. Once a notification is received on the status of a test project, immediately update DMLSS records to reflect the correct expiration date and stratification state.

13.7.1.6. Relabeling DoD/FDA SLEP Items. All items issued must be relabeled prior to releasing them from medical logistics.

13.7.1.6.1. SLEP items extended by the FDA will be relabeled, down to the unit of issue, within 90 days of receiving notification of extension.

13.7.1.6.2. If labels are not received within 45 days of notification, contact the Air Force SLEP manager for authorization to relabel locally.

13.7.1.6.3. Locally procured labels must cover the current expiration date, have a permanent adhesive that will pull off all printing when removed, and contain the lot

number, FDA test project number, and new expiration date. Labels do not need to match the font or color of the original label.

13.7.1.6.4. Labels must be affixed directly to the individual unit of issue, unless otherwise directed by the FDA. Special relabeling requirements apply to Soman Nerve Agent Pretreatment Pyridostigmine (SNAPP), Antidote Treatment (ATNAA) and Diazepam Auto Injectors; contact the Air Force SLEP manager for those requirements.

13.7.1.6.5. Because SLEP FDA testing is continuous, each account must develop a relabeling plan that supports any SLEP item, lot number, and quantity. The relabeling plan will ensure materiel is available and properly labeled to support mobility taskings. **Note:** The development of the relabeling plan does not replace the requirement to relabel extended items within 90 days of notification.

13.7.1.6.5.1. If a deployment occurs prior to the 90-day deadline, the re-labeling plan must detail how medical logistics will meet the most stringent marshalling time requirements identified in the Wing's Installation Deployment Plan (DOC) statement.

13.7.1.6.5.2. The plan should address the source, location of where the relabeling will take place (processing line is not authorized), number of personnel needed, estimate of the maximum number of personnel deploying (use most stringent DOC statement marshalling requirements), estimate of how long the relabeling will take, and responsibilities for relabeling assets for ARC units. A suggested checklist for the relabeling plan is available on the AFML website. The plan must be approved by the MRC (initially and when revised), and validated and exercised annually.

13.7.1.6.6. Tenant units that maintain their own Force Health Protection assets are responsible for establishing their own SLEP relabeling procedures.

13.7.1.6.7. Centralized Storage and Distribution Centers will relabel 20% of SLEP items to the lowest unit of issue and will ensure SLEP items are not outshipped without the appropriate label affixed.

13.8. CBRN Defense Equipment Shelf Life.

13.8.1. Components of the Collectively Protected (CP) Expeditionary Medical Support (EMEDS) UTCs that qualify for extension under the CBRN Defense Equipment Shelf Life Program are identified on the Joint Acquisition CBRN Knowledge System (JACKS) and AFML websites.

13.8.2. Relabeling CBRN equipment SLEP items.

13.8.2.1. Per DoDI 4140.27-M, containers require remarking with extended shelf life data. Units of issue require remarking upon opening container.

13.8.2.2. Relabel using only DD Form 2477, *Shelf Life Extension Notice Form*.

13.8.2.3. The AF SLEP manager monitors each test project in JACKS, provides notification of results to the bases via email, and publishes results on the AFML website.

Bases may also receive notifications via "Supply Advisory Messages" from the JACKS website.

13.9. MTF Responsibilities for SG Managed Assets.

13.9.1. Establish non-reimbursable due-ins when notified by AFMOA/SGAL.

13.9.2. Request instructions from AFMOA/SGAL for disposition and replacement of unserviceable and surplus WRM SG Managed assets. Do not report these items as excess through the Tri-Service Medical Excess Distribution System.

13.9.3. Validate requirements upon request.

13.10. Quality Assurance.

13.10.1. Quality Assurance (QA) records are maintained for contingency records, unless they are commingled with peacetime stock. Record all available QA data as outlined in AFMAN 41-216.

13.10.2. Each item on the AS will have the following information loaded in the DMLSS system for effective quality control:

13.10.2.1. Manufacturer name.

13.10.2.2. Lot number (if applicable).

13.10.2.3. Expiration date (if applicable).

13.10.2.4. Location of item. "None" is not a valid location code.

13.10.2.5. Serial number and manufacture date, if available.

13.11. Continuity Files.

13.11.1. Continuity files document medical logistics decisions and actions as a means of sustaining corporate knowledge during transitions, execution, and deployments. There are two types of continuity files: central and assemblage/project. A central continuity file is required to document overall contingency materiel program decisions/actions while an assemblage/project continuity file is required for each contingency assemblages/project to facilitate proper execution. These documents can be maintained electronically.

13.11.2. Documents relevant to the overall Contingency Materiel program are maintained in the Central Continuity file. Central Continuity files include but are not limited to:

13.11.2.1. Active support agreements or documentation on the location and date of agreement with supported/supporting units/base support agencies.

13.11.2.2. Self-inspections/external inspections and audits.

13.11.2.3. A locally developed WRM Surveillance checklist will be established and utilized for self-inspections. The contingency materiel section of the medical logistics self inspection checklist will satisfy this requirement and can be found on the AFML website. This example is not all-inclusive and should be modified to cover local requirements. Medical WRM is not included as part of the Base WRM Surveillance Program.

13.11.2.4. SLEP documentation.

13.11.2.4.1. A log documenting action taken by lot number, for all items on applicable SLEP messages, includes actions pertaining to CBRN Defense Equipment shelf life items. **Note:** If the item is no longer on accountable records, it is not necessary to keep the information, unless it pertains to controlled medical items, and then follow procedures outlined in Chapter 5.

13.11.2.4.2. Includes all documentation sent from the AF SLEP manager requesting samples or validating the extension of any of these items.

13.11.2.4.3. The MRC Approved DoD/FDA SLEP relabeling plan.

13.11.3. A continuity file for each assemblage/project will be maintained. Contingency files for deployable UTCs will be provided to the deploying Team Chief upon deployment. Appropriate information that will be included in the project-unique files:

13.11.3.1. Activation/distribution/deactivation checklists and DP plans. Any applicable actions/coordination required to deploy a UTC or activate a MC-CBRN assemblage. For WRM assemblages this includes transportation information, LOGMOD, shipper's declarations, and applicable copies of MSDS.

13.11.3.2. Reference to MRC minutes for medical logistics actions specific to the assemblage. Medical logistics is not required to maintain entire sets of MRC minutes, only references to meeting date and specific actions.

13.11.3.3. WRM Assemblage readiness (limiting factors/status of corrective actions).

13.11.4. Any applicable POS calculations (see paragraph 13.12.).

13.11.5. Approved and proposed level adjustments.

13.11.6. Exercises (open items applicable to medical logistics from after action reports).

13.11.7. Active recalls/alerts awaiting action.

13.11.8. For WRM SG-managed assets include open due-in notifications; Technical Orders; operation manuals; and any other essential product information.

13.12. Apply Peacetime Operating Stock.

13.12.1. Peacetime operating stocks (POS) may be used to reduce non-mobility contingency requirements when there is a reasonable expectation that POS will consistently be available. Do not apply POS against mobility WRM programs or shelter kits.

13.12.2. Develop a worksheet showing all POS applied against contingency programs. The worksheet will include: NSN, daily demand rate (DDR), and quantity applied to each assemblage. Ensure POS assets are not applied to multiple assemblages.

13.12.3. The MRC must approve the application of POS, and medical logistics will validate the availability of POS annually, or when an AS changes. Maintain the worksheet in the contingency assemblage continuity file.

13.12.4. Determine applicable POS as follows:

13.12.4.1. Consumable and durable supplies: DDR times days of safety level recorded for applicable sources of supply.

13.12.4.2. Equipment: Items in using activities that will be available to support the increased contingency response mission.

13.13. Use of Build Control Number (BCN) Field in DMLSS.

13.13.1. For all contingency assemblages authorized by the MRL, enter the MRL Recnum (Record Number) in the BCN field in DMLSS AM Assemblage Description Change.

13.13.2. In conjunction with the Medical Readiness Flight annual DOC statement review, sites will document review of assigned assemblages and update AM Assemblage Description information. Ensure any MRL or DOC statement disconnects are captured for correction.

13.13.3. If a funded assemblage is not authorized on the MRL, ensure it is on the DOC statement, and input the funding document number as the BCN.

13.14. In-Garrison Maintenance Contract.

13.14.1. The medical IGM contract redirects the focus of the assigned active duty and government civilian employees from inventory management to assemblage readiness. However, it does not eliminate the need to apply appropriate active duty personnel to maintain: 1) an acceptable state of assemblage readiness; and, 2) compliance with UTC specific training requirements.

13.14.2. Contract scope.

13.14.2.1. The IGM contract covers all aspects of contingency materiel management for CONUS medical assets. Contract personnel work under the direction of the medical WRM Project Officer, who acts as the COTR. The contractor and COTR report to the COR at AFMOA/SGALW who is responsible for oversight of the IGM contract.

13.14.2.2. At sites where contract personnel are permanently assigned, contractors responsibilities include (but are not limited to): preparing assets to marshal during deployments and exercises; redeployment; and reconstitution. Government personnel still remain responsible for marshalling of assets for deployment and exercises, and performing all logistics detail (LOGDET) and hazardous declaration functions.

13.14.2.3. At smaller MTFs, traveling teams will visit at least every 12 months to provide contingency materiel inventory management support. This support will include completion of cyclical inventory counts; data entry; quality control activities; maintenance of inventory and equipment records; palletizing assets and equipment maintenance.

13.14.2.3.1. Prior planning by government personnel and coordination with the contractor is critical to ensure the IGM traveling teams focus on the MTF's current priorities.

13.14.2.3.2. Project officers at the visited sites will provide the COR with written feedback on the performance of the traveling teams within 30 days of receipt of the final site visit report.

13.15. Detached Medical Unit WRM Support.

13.15.1. WRM for detached active and ARC units assigned to the host unit on the MRL will be accounted for on host medical supply account records.

13.15.2. The SRAN is responsible for supporting sustainment.

Section 13B—WRM Management

13.16. Purpose. Provide policies and procedural guidance to manage WRM, this includes deployable and permanent base non-deployable assemblages. For guidance on interfaces between medical WRM programs and nonmedical support systems see AFI 25-101, *War Reserve Materiel (WRM) Program Guidance and Procedures*.

13.17. Accountability.

13.17.1. Annual review and validation of assigned contingency assemblages.

13.17.1.1. Identify discrepancies to the medical readiness flight.

13.17.1.2. Calculate and document basis of issue for Mass Casualty First Aid Kits and Bed Expansion projects.

13.17.1.3. Calculate and document application of POS.

13.17.1.4. Establish levels for specific contingency assets on approved and validated assemblages. Review the levels quarterly and ensure appropriate adjustments are made and then document the review.

13.17.1.5. Ensure all critical and deferred items are coded appropriately.

13.17.1.6. Review WRM funding records to ensure funds are being spent IAW the approved acquisition plan, and excess funds are identified and returned to AFMOA/SGAL.

13.17.2. Controlling and accounting for medical WRM.

13.17.2.1. All Contingency Medical Materiel assets will be accounted for in DMLSS AM, regardless of the source of funding.

13.17.2.2. All stored medical WRM assets are AFWCF/MDD owned.

13.17.2.3. WRM materiel physically located at a detached activity will be maintained as a separate detachment or organization code (ORG ID) on the host SRAN.

13.17.2.4. WRM is accounted for on an individual component line item basis except Mass Casualty First Aid Kits.

13.17.2.5. Issues of BW/CW materiel will be simulated for exercises. Actual stocks or use of replicated items that reflect actual size and weight of materiel should be pulled from storage so actual workload of this tasking can be measured. The requested BW/CW materiel should also be moved to the mobility line so actual space requirements can be determined.

13.17.2.6. Requisition approved and funded materiel for assigned contingency assemblages and programs.

13.17.2.7. Assess condition of redeployed assets and develop project plans for reconstitution.

13.17.2.8. Funds generated from issuing WRM assets are not available for use locally. These funds will be redistributed centrally by AFMOA/SGALO.

13.17.2.8.1. Request replacement funding for assemblage reconstitution after all issues have been processed.

13.17.2.8.2. Request replacement funding for Force Health Protection items issued on a quarterly basis (as of 31 Dec, 31 Mar, 30 Jun, and 30 Sep).

13.17.3. Inventory.

13.17.3.1. WRM assemblages will be inventoried no less frequently than 12 months from the previous inventory (the actual due date for inventory completion is the final calendar day of the anniversary month, e.g., if the previous inventory closed on 15 Mar, the next inventory must be completed NLT 31 Mar of the following calendar year). An inventory is not considered complete until all actions, outlined in IAW 13.17.3.4. are completed and documented.

13.17.3.2. A suggested inventory maintenance process is outlined at Attachment 3. Blind counts are not required.

13.17.3.3. Assemblages must be re-inventoried no later than 60 days following the completion of an exercise or deployment. If a section is not used during the exercise, it does not require inventory. The WRM project officer will document the section not used during the exercise.

13.17.3.4. Inventory review and approval. Within ten duty days of processing the inventory adjustments, the WRM project officer will:

13.17.3.4.1. Certify the inventory adjustment vouchers (IAVs).

13.17.3.4.2. Forward all IAVs resulting from the inventory to the inventory adjustment approval authority (see paragraph 3.36.10.). Provide the Inventory Accuracy Analysis Report as supporting documentation. **Note:** For WRM managed in support of detached or satellite units, the unit commander responsible for Readiness reporting the assemblage status is the inventory approval authority.

13.17.3.4.3. Initiate ROS action IAW paragraph 1.10. if items on the IAV are not approved, or any discrepancies meet the requirement for mandatory ROS.

13.17.3.4.4. Document the results of the inventory in a memorandum. The MLFC will act as the approval authority for the inventory (see an example of a WRM Inventory Summary Report at Attachment 2, Figure 2.3.).

13.17.3.5. Upon completion of an inventory, establish a project file containing:

13.17.3.5.1. The DMLSS Inventory Accuracy Analysis Report.

13.17.3.5.2. The WRM Inventory Summary Report.

13.17.3.5.3. Annotated copies of all count lists (unless PDAs are used).

13.17.3.5.4. Original copies of all approved IAVs.

13.17.3.5.5. Copies of documents forwarded to the ROS monitor for initiation of ROS actions generated as a result of the inventory. These documents will be maintained as the source document for losses processed due to ROS actions.

13.17.3.5.6. WRM Medical Maintenance Report (if the inventory was completed by IGM contractor).

13.17.3.5.7. All inventory documents must be retained for two years IAW AFRIMS T 23-08 R 06.00 and T 23-23.

13.17.4. Storage.

13.17.4.1. Storage of WRM assets should be accomplished in accordance with guidance provided in Chapter 11.

13.17.4.2. Controlled items must be stored IAW Chapter 5.

13.17.4.3. Materiel in support of WRM programs for detached medical facilities, including expiration-dated items, can be stored at either the host facility or the detached facility. Consider the ability to meet the most stringent mission deployment requirements when determining the storage of the deployable assets.

13.17.4.4. WRM storage facility costs should be programmed and charged as follows:

13.17.4.4.1. Unless the space, facility, installation, or complex is solely for a medical program as outlined in AFI 65-601, Volume 1, *Budget Guidance and Procedures*, paragraph 10.25.9., charge the host installation's base operations program element for storage space, housekeeping, and maintenance costs for WRM storage.

13.17.4.4.2. Facility sustainment, restoration, and modernization costs for base facilities that house medical WRM assets are funded from the host installation base operations program element.

13.17.4.4.3. Program and submit military construction (MILCON) projects for medical WRM storage facilities through AFMSA/SG8F.

13.18. Computing Gross WRM Requirements and Levels.

13.18.1. Medical logistics will compute WRM program requirements for programs that are population driven. These include the Mass Casualty First Aid Kits, and Facility Bed Expansion Programs.

13.18.2. For programs not supported by an AS, document and file the rationale for item selection and evidence of annual reviews. The file copy of the current Assemblage Management Allowance Status Report will reflect the results of the review.

13.18.3. Facility Bed Expansion Program.

13.18.3.1. POS (including suitable substitutes) will be applied against the requirement as outlined in paragraph 13.12.1.

13.18.3.2. Facility Bed Expansion program levels will be coordinated with appropriate MTF chiefs of services and approved by the MRC.

13.18.4. Force Health Protection Programs.

13.18.4.1. Force Health Protection programs include Self-Administered Biological Chemical Warfare (Assemblage BWCW), Clinician-Administered Biological Chemical Warfare (Assemblage BCWB), and Anti-Malaria Prophylaxis (Assemblage AMCP).

13.18.4.2. Items authorized in the three FHP assemblages are listed in Attachment 10.

13.18.4.3. The basis of issue and allowance planning factors for these FHP programs can be found on the AFML website. Levels are calculated by AFMOA/SGAL every AEF cycle, and adjustments are forwarded to units. Upon notification of level adjustments units will process DMLSS AM updates within 30 days and file the guidance document in the Continuity Binder.

13.18.5. Self-administered BW/CW Program.

13.18.5.1. All bases with mobility personnel postured in standard deployable UTCs P-coded DWS and DWX (see AFI 10-401, *Air Force Operations Planning and Execution*, paragraph 7.15.) will maintain the items listed in Attachment 10 in assemblage BW/CW. Basis of issue and allowance planning factors are included in Worksheet # 2 in the BW/CW and Anti-Malaria Level Calculator.

13.18.5.2. CONUS MTFs will maintain sixty (60) percent of their requirements. The remaining forty (40) percent stored centrally. AFSOC units will maintain one hundred (100) percent of their requirements.

13.18.5.3. OCONUS calculations are based on the threat areas defined in AFI 10-2501, *Air Force Emergency Management (EM) Program Planning and Operations*, Table 4.1. Worldwide CBRNE Threat Area Table.

13.18.5.4. OCONUS bases in low threat areas calculate their requirement based on one-hundred (100) percent of personnel assigned to DWS/DWX UTCs.

13.18.5.5. OCONUS bases in medium and high threat areas are calculated based on one-hundred, ten (110) percent of the unit-manning document (UMD) for active duty personnel, mission essential civilians, and personnel on routine TDY without home station BW/CW.

13.18.6. Clinician-administered BW/CW Program.

13.18.6.1. Only OCONUS bases located in medium and high threat areas maintain items in Assemblage BCWB. Planning factors used for level calculations are included in Worksheet #4 in the BW/CW and Anti-Malaria Level Calculator.

13.18.6.2. Requirements are based on three planning factors:

13.18.6.2.1. One hundred ten (110) percent of UMD for active duty, mission essential civilians, and contractor personnel.

13.18.6.2.2. One hundred (100) percent of TPFDD personnel planned for employment at those locations.

13.18.6.2.3. Family members and other eligible beneficiary populations unable to participate in Non-combatant Evacuation Order (NEO) operations per operational plans.

13.18.6.3. Anti-malaria Prophylaxis Program. Bases with mobility personnel postured in DWS and DWX UTCs maintain items in Assemblage AMCP. Planning factors used for level calculations are in Worksheet #3 in the BW/CW and Anti-Malaria Level Calculator.

13.18.6.4. Pharmaceuticals, such as primaquine phosphate, dispensed for post-deployment follow on treatment for personnel returning from malarial areas are not considered WRM.

13.18.7. Mass Casualty First Aid Kit Program.

13.18.7.1. These kits consist of buddy care/self aid supplies and are prepositioned based on threat. One first aid shelter kit and six rigid pole litters, are authorized for each 100 programmed military personnel or portion thereof. The MAJCOM will define the requirements for effected bases.

13.18.7.2. Supporting SRANs will maintain the assets under this program. MAJCOMS will ensure materiel availability to satellite and collocated operating base personnel.

13.18.7.3. Issue materiel to supported units only under defense conditions predetermined by the MAJCOM. Local plans will include procedures for rapid issue of materiel when directed by the MAJCOM. Prepositioning may be considered for secure shelters. Deviation from this policy requires MAJCOM approval.

13.19. Controlled Cryptographic Items (CCI). The central controlled cryptographic item (CCI) authority must ensure all CCI assets belonging to the AF are in the authorized inventory management systems. These systems must satisfy CCI accounting requirements established IAW AFI 33-201, Vol V, Attachment 4, *Controlled Cryptographic Items*, and include the capability of tracing specific CCI equipment by serial number, to a location or activity charged with accountability. For WRM assets, CCI items are accounted for in DMLSS except for those CCI items that must be accounted for in COMSEC Material Control System (CMCS) IAW AFI 33-201, Vol V, Attachment 4.

13.20. WRM Information Management/Information Technology (IM/IT).

13.20.1. WRM IM/IT is any hardware (HW) and/or software (SW) that is a component of a WRM medical equipment UTC, and is accounted for in DMLSS. This encompasses IM/IT equipment that is intended to facilitate the transfer of medical information for the duration of AFMS deployed operations that is independent of another end-item such as a radiographic imaging system or supports a telecommunications system.

13.20.2. Maintenance and repair trouble calls fall into one of three tiers: Tier I—organizational level; Tier II—central depot-type facility; and Tier III—engineering level (e.g., manufacturer).

13.20.2.1. The organizational unit level repair is where failure fault isolation will be accomplished so that remove and replace actions can be accomplished. At the organizational level, units will have a technical reachback capability for both hardware and software through the MHS help desk.

13.20.2.2. AFMOA/SGAL provides Tier II central depot facility support when organizational maintenance and repair is not possible.

13.20.2.3. AFMOA/SGAL determines the requirement for Tier III manufacturer level.

13.20.2.4. Unserviceable and excess IM/IT equipment will be reported to AFMOA/SGALW for disposition.

13.21. Low Unit of Measure (LUM).

13.21.1. The purpose of the low unit of measure (LUM) program is to create a standard for ordering, accounting, and maintaining quality assurance (QA) information for designated contingency support materiel at the lowest required unit package size. The program is restricted to items in contingency support programs only, and does not apply to kits used in peacetime operations.

13.21.2. AFMOA/SGAL is the source of supply for LUM items.

13.21.3. LUM items are identified in AS by the "UM" in position 14 and 15 of the NSN.

13.21.4. All funds for sustainment of LUM items are forwarded directly to AFMOA/SGAL. Units are not required to budget for LUM items in assemblages they maintain.

13.21.5. All orders for LUM items must be $25 or greater unless ordering critical items. Orders under $25 for non-critical items will be rejected.

13.21.5.1. The LUM ordering system is a closed system. AFMOA/SGAL will run a stock fund loss when items are shipped and the receiving unit will run a stock fund gain upon receipt.

13.21.5.2. Controlled items are not included in the LUM program.

13.22. Nonmedical WRM Items. Do not order from sources of supply funded by other divisions of the AFWCF (e.g., LRS). Nonmedical WRM will be procured directly from the source of supply (GSA, DLA, A12, etc.) using WRM funds. Order items identified with a routing identifier/SOS code of "F**" (other than F04) through local purchase channels. Receive and account for this materiel as AFWCF/MDD WRM.

13.23. WRM Capital (Investment) Equipment. WRM capital equipment will be procured using AFWCF/MDD WRM funding.

13.24. Loaner, Repair and Return Centers. Loaner, Repair and Return Centers (LRRCs) are established (Ramstein AB and Yokota AB) to provide deployed maintenance and loaner support for selected medical equipment. The medical equipment is purchased with line WRM O&M funds, and LRRCs must utilize the 135886 MEMO account to manage the equipment. Specific guidance for maintaining historical maintenance records is outlined in AFI 41-201.

13.25. Funding.

13.25.1. AFMOA/SGAL will identify materiel shortages for currently fielded assemblages for the Annual WRM Spend/Production Plan conference, and distribute contracting authority to accounts for procurement action.

13.25.2. If shortages occur and funds are not available in the DMLSS funding record, the host SRA should request additional funds from AFMOA/SGAL.

13.25.3. When WRM equipment is determined to be uneconomical to repair, request funding from AFMOA/SGAL for replacement.

13.26. Reporting WRM Asset Availability.

13.26.1. Medical Logistics will provide detailed, critical, total Materiel Availability Percentage (MAP), and other limiting factors for all assigned contingency assemblages to the Medical Readiness Office and supported ARC units. The "Gross" MAP is taken from DMLSS product the Assemblage Status Rollup Report (see Attachment 13).

13.26.2. When changes occur in an AS, asset availability status for the assemblages will be reported for the affected assemblage(s) as follows (see Attachment 3):

13.26.2.1. Reporting Option 1. Follow current procedures of adding/deleting new item levels in DMLSS and when marking Item ID's for deletion in the LOG Catalog. When the item being replaced is an acceptable substitute for the new item, establish a Prime Sub relationship. Load the new/revised AS and report the resulting MAP to the Medical Readiness Office.

13.26.2.2. Reporting Option 2. Load the new/revised AS, but do not include assemblages in SORTS calculations until a pre-determined MAP is achieved.

13.26.2.3. Reporting Option 3. Record current MAP, load the new/revised AS, then report current MAP until a predetermined Mission Capable Date (MCD) is set. AF/SG3X sets the MCD for each assemblage. Once the MCD is reached, report the MAP for the new/revised AS.

13.26.2.4. Reporting Option 4. Create a Nonstandard Assemblage consisting of the difference between on-hand assets in the current assemblage and items required in the new/revised AS. The existing assemblage will be maintained in a deployable state until the MCD. Current assemblage MAP will be reported until MCD for the new/revised assemblage is reached, at which time the appropriate elements of the existing and the non-standard assemblage(s) will be combined to form a single assemblage based on the new/revised AS. The resulting MAP will be reported for SORTS from this point forward.

13.26.2.5. Reporting Option 5 (Swing Assets). AF/SGX designates a percentage of the new/revised assemblages to be completely built at an off-site assemblage location (e.g. AFMOA/SGALW) based on one-hundred (100) percent of the new/revised AS. Completed assemblages will be exchanged for old assemblages at MTFs. Old assemblages will be retrofitted at the off-site location based on new/revised AS and exchanged with assemblages at other bases. This process will be repeated until all old assemblages have been replaced. The new/revised AS MAP will only be reported for SORTS upon receipt by the gaining MTF. **Note:** AF/SG3X must coordinate with AFMOA/SGAL prior to designating this option.

13.27. Use of Medical WRM.

13.27.1. Medical WRM may only be used under specific circumstances that require specific authorizations and actions to maintain accountability, and ensure the AFWCF/MDD is properly reimbursed.

13.27.2. Medical WRM may be used to save life or prevent undue suffering when authorized by the unit commander responsible for Readiness reporting the asset. Process issues directly from the WRM assemblage to the appropriate Svc/Customer and Expense Center. Request replenishment funds from AFMOA/SGALO IAW paragraph 13.17.2.8.

13.27.2.1. Reimbursement of the Medical WRM Program should be accomplished at the time of issue if possible.

13.27.2.2. Careful coordination with the base accounting and finance (A&F) is required to ensure line O&M funds are requested to cover the cost of initial and resupply issues IAW AFI 65-601, Volume 1, paragraph 10.26.2.

13.27.2.3. If a major deployment is occurring, the AFMLOC may opt to centralize Emergency and Special Program (ESP) coded sales. If that occurs, the AFMLOC will provide specific instructions on shipping versus selling assemblages.

13.27.3. The host medical logistics account requests funding and activates deferred procurement plans once the deployment notification/warning order is received.

13.27.3.1. All shortages that can be obtained before deployments are included as part of the deployment shipment.

13.27.3.2. A list of remaining shortages is provided to the deploying staff and the sustaining base. The sustaining base and AFMLOC will obtain the remaining shortages and expedite delivery to the deployed unit.

13.27.3.3. Equipment should have proper preventive maintenance and calibrations completed before the unit deploys.

13.27.3.4. Items received within 30 days after an assemblage has deployed will be forwarded to the deployed location. Items received after 30 days will be cross-leveled into other WRM programs if requirements exist. If not, the item will either be used to fill operating requirements, or reported excess. Refer to AFMAN 41-216 for step-by-step procedures.

13.27.4. Real-world situations directed by higher headquarters:

13.27.4.1. Medical WRM assemblages deployed with a logistics operating system will operate using a unique SRAN assigned by Air Force Materiel Command (AFMC) through the AFMLOC. Process out-shipments from the host computer to the pre-assigned SRAN upon deployment notification. Process in-shipments using the logistics operating system. The medical supply account will have an accountable medical supply officer appointed, and a responsible officer will be appointed for the equipment account.

13.27.4.2. Other WRM assets and assemblages. Medical WRM assets deployed or put in use without a portable logistics operating system will be issued using the war switch or sold off as an assemblage. Coordinate these actions with the MAJCOM/SGX prior to issue. Use unique LAF cost centers/ORG ID expense centers and PFMR or EOR, coordinated with A&F, to ensure costs can be tied to the appropriate ESP code (AFI 65-601, Volume 1). Provide users complete packing lists and QA record lists prior to processing war switch issues.

13.27.4.3. Prior to out-shipping a WRM assemblage, ensure the assemblage loss transaction is archived for potential retrieval.

13.27.4.4. Do not withhold the required WRM assets because of insufficient local O&M funds. Allow the Project Center/EOR to go negative, process the transactions, IAW DoD

7000.14-R, *Department of Defense Financial Management Regulations*, and notify AFMOA/SGAL.

13.27.4.4.1. Ensure AFWCF/MDD reimbursement is received. Reimbursement delays past five days must be reported to the MAJCOM/SG and AFMOA/SGAL.

13.27.4.4.2. A separate Project Center/EOR and expense center may be used for issue of medical WRM assets that belong to, or are maintained, for ARC units.

13.27.4.4.3. Negative Project Center/EOR balances as a result of mass issue of WRM will be reported monthly to AFMOA/SGAL until funds are obtained.

13.27.4.5. Issue of Force Health Protection Prescription Products (FHPPP). FHPPP include certain self-administered prescription products used for force health protection. The products include ATNAA, CANA auto-injectors, SNAPP, ciprofloxacin, RSDL, doxycycline, mefloquine, malarone, and chloroquine.

13.27.4.5.1. The Federal Food, Drug, and Cosmetic Act (21 USC 353(b)(1)) and DoDI 6490.03., *Deployment Health*, mandates these products only be used under a physician's prescription.

13.27.4.5.2. There are instances when FHPPP will be prescribed and dispensed directly to deploying personnel and not to a troop commander (i.e., courier). These personnel will not turn in FHPPP to the deployed medical activity, but instead, will retain the prescription throughout their deployment. Medical Logistics will:

13.27.4.5.2.1. Deliver the assets to the pharmacy for proper dispensing IAW the guidance referenced in paragraph 13.27.4.5.

13.27.4.5.2.2. Issue the necessary items to the contingency project/expense center.

13.27.4.5.3. In accordance with Code of Federal Regulations, Section 1307.21, FHPPP cannot be returned to the pharmacy post-deployment. Therefore, returns of FHPPP will be processed by medical logistics. **Note:** This process applies to the return of FHPPP from returning deployers only. Medical logistics will not accept returns directly from patients under any other circumstances.

13.27.4.5.4. Document the turn-in of controlled substances using a DD Form 1348-6 or similar locally developed form. Ensure the quantity received, unit of issue, item description, and individual's printed name and signature are annotated. The vault custodian will verify the information is correct, will print, sign, and date the form. The document must be maintained in the vault for two years for audit trail purposes.

13.27.4.5.5. For full units of issue and controlled items. Medical logistics will follow the procedures outlined in paragraphs 3.35. for the acceptance of turn-ins, turn-over to commercial credit returns vendors, or in-house destructions.

13.27.4.5.6. MTFs will use local procedures for the disposal of non-controlled items in less than full units of issue (e.g., commercial credits returns or local base-wide HAZMAT disposal contracts).

13.27.4.6. CANA injector (NSN 6505-01-274-0951) is a Schedule IV controlled item (Code Q) and must be safeguarded accordingly when issued to deploying forces. Mass issue and turn-in instructions are contained in Attachment 11.

13.27.4.7. SNAPP tablets (NSN 6505-01-178-7903) must remain in its sealed bag with desiccant in a refrigerator for maximum shelf life. SNAPP tablets are considered temperature controlled while in the possession of the troop commander. SNAPP can be dispensed to individuals as a BW/CW prophylaxis or issued in bulk to the troop commander if:

13.27.4.7.1. Deployment orders/checklists or the AFFOR theater reporting instructions authorize SNAPP tablets.

13.27.4.7.2. Troop commander signs issue documentation, reference Attachment 12, and acknowledges requirement to turn-in bulk SNAPP tablets to the medical element in theater.

13.27.4.8. Request funding from AFMOA/SGALO to order replacement FHPPP IAW paragraph 13.17.2.8.

13.27.4.9. Coordinate funding requirements for replacement of WRM items issued in response to emergencies or exercises with AFMOA/SGALO IAW paragraph 13.17.2.8.

13.28. Shipping WRM.

13.28.1. Transportation of WRM assets between AF accounts is funded with WRM funds. Approval can be obtained by contacting AFMOA/SGALO.

13.28.2. When transferring WRM assemblages from one location to another, the shipping SRAN will:

13.28.2.1. Inventory the assemblage IAW 13.18.3. (if more than 12 months have passed since the most recent inventory).

13.28.2.2. Process inventory adjustments and update asset and QA records.

13.28.2.3. Stage all components of the assemblage for shipment.

13.28.2.4. Print a copy of the prime/substitute list.

13.28.2.5. Coordinate transfer with the gaining base.

13.28.2.6. Date when shipment will occur.

13.28.2.7. Will provide ORG and Assemblage ID to be used in the ship-to transaction.

13.28.2.8. Obtain shipping cost estimate from transportation, and contact AFMOA/SGAL for funding authorization.

13.28.2.9. Process out-shipment transaction for the assemblage.

13.28.3. The WRM project officer will prepare a transfer letter and forward with a copy of the out-shipment disk, project continuity file and prime/substitute list to the gaining base. The letter will contain (at a minimum):

13.28.3.1. Reference authorizing transfer.

13.28.3.2. Date assemblage last inventoried.

13.28.3.3. Limiting factors (LIMFACs) or major equipment issues.

13.28.3.4. Materiel availability percentage (MAP) and critical MAP before outshipment was processed.

13.28.4. Ensure the assemblage loss transaction is archived for potential retrieval.

13.28.5. Advise gaining base of any outstanding due-in materiel and plans to ship upon receipt.

13.28.6. Follow-up with the receiving base to ensure they receive shipment.

13.28.7. Gaining bases will process appropriate inventory gains of redistributed assemblages within 30 days of receipt and complete an inventory (see paragraph 13.17.3.), no later than 60 days after receipt. A sample inventory can be accomplished if all of the following conditions exist:

13.28.7.1. AFMOA/SGALW is the shipping organization.

13.28.7.2. The correct number of containers in the assemblage (from the shipping documents) is received.

13.28.7.3. No evidence of damage or tampering with the containers.

13.28.8. Sample inventory procedures:

13.28.8.1. Verify the count on one-hundred (100) percent of controlled items and one-hundred (100) percent of equipment assets.

13.28.8.2. For the remaining materiel, inventory ten (10) percent of the total line items from each pallet shipped.

13.28.8.3. Determine the accuracy of the sample inventory by dividing the total count for the inventoried items by the quantity shipped (including controlled items and equipment). If the inventory accuracy of the sample is ninety-five (95) percent or greater, a complete inventory of the assemblage is not required for 12 months from receipt. If not, a complete inventory must be accomplished IAW paragraph 13.17.3.

13.28.8.4. Document the dates inventoried, count lists, inventory accuracy and MLFC validation, and maintain the documentation in the project‘s continuity binder (paragraph 13.28.) or in a central inventory project file.

13.28.9. Loan of WRM.

13.28.9.1. WRM may be loaned to an authorized activity (as defined in DoD 7000.14-R, *DoD Financial Management Regulation*, Vol. 4, Chapter 4) for a maximum of 120 days. Prior to the loan of WRM assets, a MOA (Attachment 14) will be approved by the SORTS responsible commander, signed by the lending organization’s accountable officer, and the borrowing organization’s commander.

13.28.9.1.1. Borrowing units must establish a RC/CC through Resource Management Flight and create/associate to a DMLSS Project Center, Expense Center, and Service Customer, prior to borrowing assets.

13.28.9.1.2. If the loan is expected to cross fiscal years, the MOA must address the commitment of the gaining unit to make new fiscal year funding available after 1

October. The completed MOA must be placed in the appropriate WRM continuity file.

13.28.9.1.3. Use the borrowing organization's Expense Center/Service Customer to record issues in DMLSS. If the borrowing organization is an AF active duty medical activity, Resource Management Flight should use RC/CC code 135213. Unused funds will be returned to the borrowing unit. Additional costs associated with the use of the assets will be assessed as incurred. MAJCOMs will ensure units budget for these costs when the event is programmed in advance.

13.28.9.1.4. All costs of JCS directed and coordinated exercises are charged and issues are recorded in cost center 138213 as defined in DFAS DER 7000-1-R, *Responsibility Center/Cost Center (RC/CC) Codes*.

13.28.9.2. Within 60 days of return of the assets, Medical Logistics will complete an inventory of the assemblage and inspect all materiel for serviceability. Final actions include charging the appropriate service customer for items damaged, missing or consumed, recording issues, and requisitioning replacements (IAW AFMAN 41-216).

13.28.9.3. If loaned assets cannot be reconstituted locally, contact AFMOA/SGALX.

13.28.10. Return of Medical WRM.

13.28.10.1. Complete a physical inventory within 60 days of return date when assemblages return from a deployment or exercise.

13.28.10.2. Turn-ins of assets in condition code "A" that are not required in the assemblage, may be gained and transferred to other WRM assemblages with requirements for the item. If no other WRM requirements exist, report the asset as excess if all criteria in paragraph 3.47. are met.

13.29. Joint Use Equipment.

13.29.1. WRM equipment may be designated as Joint Use Equipment to maintain the equipment in a deployable condition in a cost-effective manner. Request for designation of WRM as Joint Use Equipment will be submitted to AFMOA/SGALX, AFMOA/SGALO, and the responsible MRA for consideration and approval. These designated WRM assets can be used in peacetime only after a MOA (Attachment 14) has been established with the using organization and approved by the unit commander responsible for SORTS reporting the assemblage status. Joint Use must be supported by an approved AF Form 601 and authorization on MEMO records.

13.29.2. The MOA will outline the responsibility of the using organization to provide funding for maintenance/sustainment for the "Joint Use" asset while in-use, and detail procedures to be followed when the assets are recalled for deployment. The assets will be maintained on WRM records to maintain visibility for SORTS and Air Expeditionary Force UTC Reporting Tool (ART) reporting.

13.29.3. The physical location of the equipment will be updated in the host accounts DMLSS system equipment maintenance and assemblage module. In-use maintenance cycles will be used for generating preventive maintenance and calibrations schedules. A copy of the signed MOA will be maintained in the appropriate WRM Continuity Folder.

13.30. Deployment. All supply nodes, functions, and processes related to the EML supply chain exist in every phase of a deployment. The phases, for purposes of EML are: predeployment, deployment, employment, redeployment, and post-deployment review and analysis.

13.30.1. Predeployment Phases.

13.30.1.1. Warning order. Ensure medical logistics has access to secure communications (e.g., STU/STE and SIPRNET).

13.30.1.2. Activate deploying communication devices (e.g., cell phones, INMARSAT), and ensure secure telephones have keys or crypto cards.

13.30.1.3. Review WRM assemblage information to determine materiel readiness, percentages, and availability.

13.30.1.3.1. Identify shortages. Determine available quantities in non-deploying WRM assemblages, on-hand assets, and/or initiate deferred procurement plans to immediately procure shortages using local purchase, prime vendor, vendor managed inventory, or other sources (i.e. PVP, PVM, local sources, etc.).

13.30.1.3.2. Ensure pharmaceuticals and laboratory reagents are not within one month of the manufacturer's expiration date. Do not deploy expired products.

13.30.1.3.3. Request required funding through AFMOA/SGAL to fill all UTC shortages immediately on receipt of Prepare to Deploy Order (PTDO).

13.30.1.3.4. Provide medical readiness with Unit Line Number (ULN) information. Coordinate with medical readiness to ensure deployed ULN information is updated in the Medical Readiness Decision Support System.

13.30.1.3.5. Coordinate with the Cargo Deployment Function (CDF) on all cargo marshaling and load planning issues.

13.30.1.3.6. Provide a list of cargo ULNs and TCNs to the AFMLOC.

13.30.1.3.7. Pull and prepare for deployment all equipment and supplies not palletized with the WRM assemblage (i.e., oxygen cylinders, refrigerated, flammable, frozen, narcotics, commingled supplies, etc.).

13.30.1.4. Equipment Maintenance Actions.

13.30.1.4.1. Ensure all preventive maintenance and calibrations are complete. If equipment needs calibration within 90 days, recalibrate prior to deployment.

13.30.1.4.2. Complete all open work orders for deploying equipment.

13.30.1.4.3. Identify LIMFAC and items not available for deployment.

13.30.1.4.4. If equipment is at the manufacturer for maintenance/repair, provide contact information, and estimated completion date to deployed site.

13.30.1.4.5. Verify availability of all technical manuals and accessories. All manuals must be either palletized with the medical equipment or ready for immediate deployment.

13.30.1.5. Check and set fuel levels in fueled support equipment and vehicles IAW AFMAN 24-204, *Preparing Hazardous Materials For Military Air Shipments*.

13.30.1.6. Ensure medical logistics has an active Integrated Data Environment/Global Transportation Network Convergence (IGC) account with a current point of contact.

13.30.1.6.1. Review training for transportation/ITV IGC. Review all placards to ensure ULN data is complete and up-to-date.

13.30.1.6.2. Print sufficient additional copies of packing list, load list, and hazardous documentation. Provide one printed and one electronic copy to deploying staff.

13.30.1.6.3. Attach packing list to the outside of each pallet in a waterproof/windproof container. Include all prepared red hashed *Shipper's Declaration for Dangerous Goods* forms and DD Form 1387-2, *Special Handling Data/Certification*, in the assemblage continuity folder for use during redeployment.

13.30.1.7. Ensure the LRS adds the correct codes from the Cargo Movement and Operations System (CMOS) to the LOG detail in LOGMOD that explains environmental temperature controls of medical items.

13.30.2. Deployment Phases.

13.30.2.1. Review deployment order with medical readiness personnel.

13.30.2.2. Coordinate with the Cargo Deployment Function on all transportation actions required to deploy equipment/cargo. All cargo should be marshaled, in-checked, manifested, and documents verified by load planners.

13.30.2.3. Provide the TCN to the AFFOR/SG medical logistician, MAJCOM, and AFMLOC for ITV.

13.30.2.4. Perform information systems and communication checks.

13.30.2.5. Identify remaining due-ins and shortages to the MAJCOM, AFMLOC, and sustaining base.

13.30.2.6. Notify the MAJCOM, AFMLOC, and sustaining base as due-ins arrive after deployment.

13.30.3. Employment Phases**.**

13.30.3.1. Report arriving and missing equipment UTCs to the AFFOR/SG via the daily OPREP-3B report.

13.30.3.2. Ensure compliance with all logistics and maintenance procedures and processes established by the AFFOR/SG.

13.30.3.3. Establish accountability for supplies, controlled substances, and equipment.

13.30.3.4. Contact the AFFOR/SG medical logistics representative, TLAMM, sustaining base, and servicing LRRC (see paragraph 13.19.).

13.30.3.5. Survey host nation support capabilities in the local region.

13.30.3.6. Identify logistics shortfalls or problems to the commander. Use the daily OPREP-3B report to identify logistics problems such as broken equipment, breaks in the supply chain, and critical supply shortages to the AFFOR/SG and AFMLOC.

13.30.3.7. Create and maintain a medical logistics files maintenance and disposition plan to permanently store logistics source documents and files (see paragraph 2.4.).

13.30.3.8. Create and maintain a logistics continuity folder. The folder should include key information, background, and history on local medical logistics operations and open issues for personnel arriving in subsequent rotations. A sample continuity folder with suggested content can be accessed at the AFML website.

13.30.4. Redeployment Phases.

13.30.4.1. Using the UTC AS, conduct a complete inventory for each returning UTC.

13.30.4.2. Identify all shortages and overages.

13.30.4.3. Identify both serviceable and unserviceable supplies and equipment. Serviceable materiel will be packaged and shipped to units designated by AFFOR/SG. Unserviceable materiel will be turned-in/disposed of in theater per guidance provided by the AFFOR/SG.

13.30.4.4. Ensure all equipment and critical supplies are protected from the elements. Replace damaged storage boxes and protect palletized cargo with new pallet covers.

13.30.4.5. Ensure each pallet is clearly marked with ULN, TCN, and final destination DoDAAC. Provide the TCN to the AFFOR/SG medical logistician, MAJCOM, and AFMLOC.

13.30.5. Post-deployment Phases.

13.30.5.1. AFMLOC will provide post-deployment procedures to the MAJCOMs and AFFOR/SG who will distribute to deployed units.

13.30.5.2. Origin or reconstitution bases will report arrival of redeployed equipment UTCs to the AFMLOC.

Section 13C—MC-CBRN and Pandemic Asset Management

13.31. Purpose. Provide policies and procedural guidance to manage Medical Countermeasures, Chemical, Biological, Radiological and Nuclear (MC-CBRN) and Pandemic Influenza (PI) contingency medical materiel.

13.32. Accountability.

13.32.1. MC-CBRN and PI projects will be managed as customer owned assemblages in DMLSS.

13.32.2. A property custodian for each RC/CC will be designated by the appropriate team chief and appointed by the MTF commander IAW paragraph 1.2.3.3.

13.32.3. Medical logistics will utilize DMLSS AM to maintain quality assurance data, document inventory results, and replenish contingency medical materiel assemblages IAW AFMAN 41-216.

13.33. Levels and Requirements.

13.33.1. MC-CBRN assemblage levels are established based on the published AS.

13.33.2. PI levels for personal protection equipment (PPE), antivirals and antibiotics, are an Office of the Assistant Secretary of Defense/Health Affairs (OASD/HA) DoD mandated program, based on calculations of each MTF's Population At Risk (PAR) and number of assigned providers. There is no pilot unit, MRA, or AS associated with this program. The AFMS manages the PI Program in assemblages SG05 (PI PPE), SG06 (PI Pharmaceuticals, i.e. antivirals and antibiotics), and SG07 (PI Immunizations).

13.33.3. SG05 - PI PPE (assemblage ID SG05). PPE levels are based on a portion of a MTF's PAR expected to seek medical attention due to PI implications, and the number of assigned providers. PPE calculator: A PPE requirements calculator is available for use on the AFML website. To compute PI PPE requirements, accounts must know the current PAR and number of providers for their MTF. These numbers can be obtained from the MTF RMO. The 886L Clinical Services or Immediate Team Chief is responsible for the oversight and maintenance of PI supplies and equipment in Assemblage SG05 IAW AFI 41-106.

13.33.4. PI antivirals and antibiotics (assemblage ID SG06).

13.33.5. Antivirals. Antiviral levels are based on a percentage of the beneficiary PAR. The 886E pharmacy team chief is responsible for the oversight and maintenance of antivirals in assemblage SG06 IAW AFI 41-106.

13.33.6. Antibiotics. A list of AF MTFs and line items included in the program, and authorized levels for each site can be found on the AFML website. The 886E pharmacy team chief is responsible for the oversight and maintenance of PI antibiotics in assemblage SG06 IAW AFI 41-106.

13.33.7. PI (assemblage ID SG08) - Medical logistics will maintain materiel pre-positioned from the Centers for Disease Control Strategic National Stockpile in DMLSS AM using a non-standard, customer-owned assemblage, using assemblage ID SG08, customer ID SNS001, and expense center 3H5233.

13.33.8. Inventory.

13.33.8.1. Assemblages will be inventoried within 30 days of the completion of any real-world incident or exercise involving use of the assets, or no less frequently than every 12 months. An inventory is not considered closed until all actions outlined in Attachment 3 are completed and documented.

13.33.8.2. Equipment items on MC-CBRN assemblages are accounted for as in-use equipment, and therefore will be inventoried as part of the annual MEMO inventory IAW the procedures outlined in paragraph 7.19. **Note:** Inventory adjustments for in-use equipment cannot be processed through the AM module.

13.33.8.3. Medical Logistics will:

13.33.8.3.1. Participate in the MC-CBRN working group.

13.33.8.3.2. Participate in customer owned contingency inventories IAW paragraph 13.3.12., and provide technical guidance to include:

13.33.8.3.2.1. Providing pre-inventory training for inventory teams as required.

13.33.8.3.2.2. Being present during counts, and providing technical assistance on issues such as unit of issue questions, capture of QA data, and repackaging of assets.

13.33.8.3.2.3. Updating stock record information (i.e., on-hand balances and QA information provided by team personnel within five duty days of completion of the inventory counts).

13.33.8.3.2.4. Establishing the appropriate customer owned contingency assemblage expense centers.

13.33.8.3.3. Conduct inventories and maintenance of PI assemblages IAW Attachment 3.

13.33.9. Inventory review and approval. Within ten duty days of processing the inventory adjustments, the MC-CBRN team chief will:

13.33.9.1. Certify the Inventory Adjustment Vouchers (IAVs) as required.

13.33.9.2. If inventory adjustments result from the inventory, forward all IAVs resulting from the inventory to the inventory adjustment approval authority (see paragraph 3.36.10.). **Note:** For MC-CBRN materiel managed in support of non-MTF units, the unit commander responsible for Readiness reporting the assemblage status (i.e., the owning/using unit) is the inventory adjustment approval authority.

13.33.9.3. Document the results of the inventory in a memorandum to the MTF commander, who will act as the approval authority for the inventory (see an example of a MC-CBRN Inventory Summary Report at Attachment 2, Figure A2.4.). **Note:** For MC-CBRN materiel managed in support of non-MTF units, the unit commander responsible for Readiness reporting of the assemblage status is the inventory approval authority.

13.33.10. If items on the IAV are not approved, or any discrepancies meet the requirement for mandatory ROS, initiate ROS action IAW paragraph 1.10.

13.33.11. Storage.

13.33.11.1. Materiel should be stored to best support an immediate response to an incident, based on who needs access and when that access is required. If the MTF stores MC-CBRN and PI assets in a medical logistics warehouse, a plan to access those assets after normal duty hours must be developed and exercised annually.

13.33.11.2. MC-CBRN or PI assets stored in medical logistics warehouses must not be commingled with AFWCF/MDD inventories. MC-CBRN and PI assets must be clearly marked and segregated from AFWCF/MDD operating and WRM inventories.

13.33.11.3. Controlled items must be accounted for on pharmacy records and included in monthly disinterested inspections.

13.34. Funding.

13.34.1. Expense centers must be established for all MC-CBRN and PI assemblages using the approved RC/CC codes listed on the AFML website.

13.34.2. MC-CBRN materiel will be procured with line O&M funds (Fund Code 30 Program Element Code 28036F).

13.34.3. When items are used for routine healthcare mission support, replenishment will be funded by DHP O&M funds.

13.34.4. PI assets are funded with DHP funds.

13.34.4.1. When PI assets are used locally for an emergency, or exercise, unit DHP funds will be used for replacement.

13.34.4.2. Expiring PI assets are identified to OSD/HA by AFMOA/SGAL annually to obtain funding. Request funding for expiring assets from AFMOA/SGAL and file a copy of the request in the project continuity file.

13.34.5. Procurement. Medical logistics will procure, receive, and issue all required materiel identified by the MC-CBRN team property custodian based on the AS levels established in DMLSS AM. Normal procedures for procurement, receipt, and issue of O&M funded materiel will be utilized to accomplish these tasks.

13.35. MC-CBRN and Pandemic Influenza Asset Visibility.

13.35.1. Report capabilities of MC-CBRN, IAW AFI 41-106.

13.35.2. OASD/HA uses a Pandemic Dashboard on the Joint Medical Asset Repository (JMAR) as a way to monitor the program DoD-wide. MTFs automatically report PI inventory balances via a daily feed from DMLSS.

13.35.2.1. Although MTFs account for PI materiel by unit of issue quantity (CS, BX, PG), OASD/HA measures on-hand assets by the lowest unit-of-measure (UOM), (i.e. each). Item ID information is passed from DMLSS to JMAR where it is converted to UOM quantities, aggregated to one total UOM, and reported according to the appropriate OASD/HA PI grouping. To accommodate accurate reporting through JMAR it is vital for medical logistics to have correct unit-of-purchase and unit-of-sales quantities in the DMLSS catalog records.

13.35.2.2. PI pharmaceutical balances are also measured by the lowest UOM, converted and aggregated to one total UOM quantity for each item.

13.35.2.3. Coordinate with MTF prime vendors to facilitate the most advantageous shelf life for dated materiel.

13.36. Use of MC-CBRN and PI Assets.

13.36.1. Use of MC-CBRN assets to support real-world contingencies does not require prior written approval of the MTF commander.

13.36.2. MC-CBRN assets are not funded by the AFWCF. Therefore, AFWCF/MDD rules and regulatory issues do not apply.

13.36.3. If MC-CBRN supplies are utilized during an exercise or real-world contingency, process a non-reimbursable issue out of the appropriate assemblage in AM.

13.36.4. Authority to release/use PI PPE resides with MTF commanders. Coordinate with the appropriate assemblage team chief to develop a plan to rapidly distribute PI assets.

13.36.5. The Public Health Emergency Officer (PHEO) or MTF commander must direct the release and use of PI stockpiles. Authority to release/use PI antibiotics resides with the MTF commander. Authority to release/use antivirals at CONUS units resides with AF/SG. Geographic COCOMS have release/use authority for OCONUS units.

Section 13D—Patient Movement Items

13.37. Purpose.

13.37.1. This section provides logistics policies and procedures pertaining to the Patient Movement Item (PMI) program. PMI is specific airworthiness certified medical equipment and durable supplies that are necessary to support the En Route Care System (ERCS). Examples of PMI include but are not limited to ventilators, patient monitors, pulse oximeters, infusion pumps, litters, litter straps, etc. The purpose of PMI is to support the ERCS through pre-positioning, exchanging and recycling of PMI so that MTF capability is not degraded. Global Patient Movement Joint Advisory Board (GPMJAB) approved equipment used in the DoD PMI Program for the En Route Care System is contained in the Air Force Medical Service allowance standard (AS) 887P series. The main purposes of the PMI program are to:

13.37.1.1. Provide a pool of standard approved aeromedical evacuation (AE) certified medical equipment items for use by joint medical elements operating in a contingency environment.

13.37.1.2. Prevent degradation of capabilities of forward medical units due to an outflow of PMI through the patient movement system, and/or used in support of the En Route Care System.

13.37.1.3. Sustain the patient movement system during peak casualty flow periods.

13.37.1.4. Exchange in-kind pre-positioned PMI without degrading medical capabilities.

13.37.1.5. Provide ITV of PMI and prompt recycling of PMI.

13.37.2. Medical logisticians supporting the PMI Program will:

13.37.2.1. Store and maintain PMI in accordance with this chapter, Chapter 11, and AFI 41-201.

13.37.2.2. Ensure PMI equipment and consumables are accounted for in a DMLSS customer owned assemblage, and properly maintained and serviced at required intervals.

13.37.2.3. Conduct twice yearly scans of PMI assets and upload the data into PMITS. The comment "Global PMI Center Inventory – DDMMMYYY" will be entered in the PMITS comments field. All scans filtered for "current with all" will be reconciled with the XX5881 CRL and durable items will be validated against DMLSS AM records. The first scan will be in conjunction with the annual inventory, the second 180 days later. Once complete, send results in a Memo For Record (MFR) to **hqamcpmi@us.af.mil.** If equipment cannot be located, the host MEMO will contact AMC/SGXM, **amc.sgxm@us.af.mil** for tracking assistance before initiating a ROS.

13.37.2.4. Coordiate with patient reception centers to issue and receive PMI, perform equipment inventory, and reconcile tracking information.

13.37.2.5. Stock supplementary items, such as batteries, shipping containers, international Red Cross stickers, and expendable shipping supplies.

13.37.2.6. Provide maintenance support to PMI Center inventory, supported operational AE and ERCS, and contingency operations.

13.38. General.

13.38.1. Joint Publication 4-02, *Health Service Support*, identifies the AF as having operational responsibility for the overall management, in-transit visibility (ITV), and tracking of PMI beginning with a patient's entry into the patient movement system. The AF/SG has delegated program management responsibility to AMC/SG.

13.38.2. PMI unit authorizations are delineated in AS 887P.

13.39. Tracking and Accountability of PMI Assets.

13.39.1. PMI tracking is managed using the Patient Movement Item Tracking System (PMITS). PMITS is not an accountable system. PMI Equipment accountability is maintained in DMLSS.

13.39.2. AMC/SGXM will provide instructions on the use of tracking equipment. Specific instructions/training are located within the automated tracking system and **https://pmits.csd.disa.mil**. All personnel involved with oversight or support of PMI or the PMI program must complete the PMITS Web based training located at **https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/home.jsp**. Login and search for "PMITS Overview and Basics" in the "Search Catalog."

13.39.3. PMI Centers, AE units, and other medical elements handling PMI will track PMI assets entering (RDY or QA) and leaving (OUT) their control, or moving from RDY to QA and back to RDY status and entering appropriate comments. In addition, PMI will be tracked at enroute facilities (e.g., such as aeromedical staging facilities and aeromedical detachments), which temporarily hold PMI assets, or where assets are under control of AE crews or launch/recovery teams.

13.39.4. As MTFs exchange/receive PMI equipment (after removal from patient), it is the MTF's responsibility to forward the equipment to the closest PMI center.

13.39.5. All personnel in the PMI equipment recycle process will update PMITS equipment data whenever PMI is exchanged, or quantities change. Updates will be processed daily for peacetime operations, and more frequently during contingency/wartime as directed by the theater commander or Aeromedical Evacuation Command and Control. The processes used in the tracking system will be the same for peacetime and/or contingency operations.

13.39.6. PMI Centers will account for equipment and durable medical/nonmedical materiel in a customer owned assemblage in DMLSS AM using the appropriate assigned AS. Expense center XX5881 will be used.

13.39.7. Equipment inventories will be accomplished annually IAW **paragraph 7.19**. If equipment cannot be located, the host MEMO will contact HQ AMC/SGXL for tracking assistance before initiating a ROS.

13.40. Use of PMI Assets.

13.40.1. Peacetime and exercise support.

13.40.1.1. Release authority of PMI to support urgent medical or patient movement operations resides with the MAJCOM/SG. AMC/SG will be notified immediately afterward but not later than the next duty day.

13.40.1.2. Other peacetime use must be authorized by AMC/SG.

13.40.1.3. The PMI centers will update DMLSS equipment records. Consumable supplies used during peacetime and exercise operations must be replenished. Replacement costs will be charged to the using activity, designated command unique cost center.

13.40.2. Contingency or wartime.

13.40.2.1. Theater commanders may request deployment of PMI for theater support from AMC/SG, through establishment of a ULN requirement for PMI UTC FFQP3.

13.40.2.1.1. AMC/SG will coordinate the deployment with the host MAJCOM/SG.

13.40.2.1.2. Theater execution planners will develop PMI operational execution guidance for inclusion in the OPLAN medical annex.

13.40.2.1.3. The Air Mobility Division of the theater air operations center directs PMI activities for that theater, to include oversight of PMI cells, distribution of PMI, and changes to operating processes. Actions will be coordinated with the AFFOR/SG and AMC/SG.

13.40.2.2. PMI centers will scan PMI assets into PMITS, and BMETs will inspect and calibrate to standards. Any accessories required to refit the PMI asset will be supplied by the PMI center and charged to the respective contingency or DSCA operation. PMI Centers will contact AMC/SGXM for disposition guidance for equipment and durable supply items. AMC/SGXM will contact AFFOR/SG for priority disposition, appropriate TAC, and will provide the respective PMI Center with shipping instructions.

13.40.3. Peacetime and Contingency Operations. Patient Movement (PM) destination MTFs coordinate with PMI Centers. When PM destination MTFs remove PMI equipment from a patient, and switch to organic medical devices, clinical staff will sanitize the PMI equipment in accordance with AFI 44-108 then turn it over to the local MEMO activity for return to the nearest PMI Center. If there are any questions contact AMC/SGXM at the number annotated on the PMITS bar code, 1-877-286-1931.

13.41. Asset Accountability for Long-Term Deployments. PMI centers/locations out-shipping patient movement equipment, for unit line number tasked deployments (greater than 120 days), will complete a MEMO-to-MEMO transfer to the Scott PMI Center, and transfer asset accountability and HMR data to the deployed account AMC/SGXM establishes for that contingency (XD5881).

13.42. Consumable PMI Items. Consumable supplies are included on the PMI AS. Levels and on-hand balances are managed using DMLSS AM. Quality Assurance (QA) messages must be actioned IAW Chapter 9**.**

13.43. PMI Maintenance and Repair.

13.43.1. Maintenance and repair of PMI equipment will be IAW AFI 41-201. Maintenance due date and repair status of PMI equipment will also be entered in PMITS.

13.43.2. Local BMET will support PMI in their MTF or supported operational AE Units to their fullest capability. When local MTF BMET support is unavailable or the unit does not have the capability to perform scheduled and unscheduled maintenance, they will coordinate with the regional medical equipment repair center (MERC) or biomedical maintenance activity responsible for providing support. When an item cannot be serviced or supporting MERC due to a lack of calibration devices or training, it will be shipped to the nearest PMI Center. If the equipment cannot be repaired because it must go the the OEM for repair, initiate action for manufacturer repair and tracking procedures. Ship the equipment based on guidance from the MERC using the following process:

13.43.2.1. Ship the assets via traceable means to the maintenance activity, using O&M funds. A copy of AF Form 1763 must be provided with the equipment. Prior to shipment, ensure Red Crosses are attached to the exterior surfaces of the boxes.

13.43.2.2. Update the equipment location status in DMLSS and PMITS.

13.43.3. Upon receipt of the equipment, the operational unit will ensure the status is updated in DMLSS and PMITS. Ensure historical maintenance records are updated.

THOMAS W. TRAVIS
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Comprehensive Drug Abuse Prevention and Control Act of 1970

29 CFR 541, *Department of Labor, Wage and Hour Division*

32 CFR 91, Part 174, *Revitalizing Base Closure Communities—Base Closure Communities and Addressing Impacts of Realignment*

FAR 6.3, *Other than Full and Open Competition*

FAR 13.303, *Blanket Purchase Agreements*

FAR 37.6, *Performance Based Acquisition*

DoD 1342.6-M, Administrative and Logistic Responsibilities for DoD Dependents Schools

DoD 4140.1-R, DoD Supply Chain Materiel Management

DoD 4160.21-M, Defense Materiel Disposition Manual

DoDI 6025.5, *Personal Services Contracts (PSCS) for Health Care Providers (HCPS)*

DFARS 208.7003, *Coordinated Acquisition (Applicability)*

DFARS 213.3, *Simplified Acquisitions Methods*

DFARS 237.104, *Personal Services Contra*cts

DFAS DE 7000.1-R, *Responsibility Center/Cost Center (RC/CC) Codes*

DLAR 4155.37, *Materiel Quality Control Storage Standards*

DLA Customer Assistance Handbook

DLM 4000.25, Volume 6, *Defense Logistics Management System (DLMS)*

DTR 4500.9-R Part II, *Defense Transportation Regulations*

AFTTP 3-42.8, *Expeditionary Medical Logistics (EML) System*

AFI 10-401, *Air Force Operations Planning and Execution*

AFI 10-2501, *Air Force Emergency Management (EM) Program Planning and Operations*

AFI 10-2909, *Aeromedical Evacuation Equipment Standards*

AFI 11-2AE V3, *Aeromedical Evacuation (AE) Operations Procedures*

AFMAN 23-110, *USAF Supply Manual*

AFI 23-111, *Management of Government Property in Possession of the Air Force*

AFI 24-302, *Vehicle Management*

AFJMAN 23-210, *Joint Service Manual (JSM) for Storage and Materials Handling*

AFJMAN 23-215, *Reporting of Supply Discrepancies*

AFMAN 23-220, *Reports of Survey for Air Force Property*

AFPD 24-2, *Preparation and Movement of Air Force Materiel*

AFI 24-203, *Preparation and Movement of Air Force Cargo*

AFMAN 24-204(I), *Preparing Hazardous Materials for Military Air Shipment*

AFI 24-230, *Maintaining Air Force DoD Activity Address Codes (DoDAAC)*

AFI 25-101, *War Reserve Materiel (WRM) Program Guidance and Procedures*

AFI 25-201, *Support Agreements Procedures*

AFI 31-101, *Integrated Defense*

AFI 32-7042, *Waste Management*

AFI 33-106, *Managing High Frequency Radios, Personal Wireless Communication Systems, and the Military-Affiliate Radio System*

AFI 33-201 Vol 5, *Controlled Cryptographic Items (CCI)*

AFI 33-210, *Air Force Certification and Accreditation (C&A) Program (AFCAP)*

AFI 34-246, *Air Force Lodging Program*

AFI 35-109, *Visual Information*

AFI 38-203, *Commercial Activities Program*

AFI 40-402, *Protection of Human Subjects in Biomedical and Behavioral Research*

AFPD 41-2, *Medical Support*

AFI 41-106, *Medical Readiness Program Management*

AFI 41-230, *TRICARE Operations and Patient Administration Functions*

AFI 41-201, *Managing Clinical Engineering Programs*

AFI 41-203, *Electrical Safety in Medical Treatment Facilities*

AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) Users Manual*

AFI 44-102, *Medical Care Management*

AFI 44-103, *The Air Force Independent Duty Medical Technician Program*

AFMAN 44-144, *Nutritional Medicine*

AFI 51-601, *Gifts to the Department of the Air Force*

AFI 64-117, *Air Force Government-Wide Purchase Card (GPC) Prog*ram

AFI 65-116, *Air Force Purchases Using Military Interdepartmental Purchase Requests (MIPRS)*

AFI 65-601, Volume 1, *Budget Guidance and Procedures*

AFI 65-608, *Anti-deficiency Act Violations*

AFI 91-203, Air *Force Consolidated Occupational Safety Instruct*ion

MIL-HDBK 1191, *DoD Medical Military Facilities Design and Construction Criteria*

MIL-PRF-27210, *Aviator's Breathing Oxygen, Liquid and Gas*

MIL-STD-130K, *Identification Marking of U.S. Military Property*

TO 00-35A-39, *Instructions for Procurement, Issue, Use and Maintenance of Medical Kits*

TO 42B5-1-2, *Gas Cylinders (Storage Type)—Use, Handling, and Maintenance*

TO 42B6-1-1, *Quality Control of Aviators Breathing Oxygen*

NFPA 50, *Standard for Bulk Oxygen Systems at Consumer* Sites

NFPA 99, *Health Care Code*

NFPA 101, *Life Safety Code*

Prescribed Forms

AF Form 581, *Medical Linen Supply Record*

Adopted Forms

DD Form 150, *Special Measurements Blank for Special Measurements/Orthopedic Boots and Shoes*

DD Form 200, *Financial Liability Investigation of Property Loss*

DD Form 250, *Material Inspection and Receiving Report*

DD Form 350, *Individual Contracting Action Report*

DD Form 448, *Military Interdepartmental Purchase Request (MIPR)*

DD Form 448-2, *MIPR Acceptance*

DD Form 771, *Eyewear Prescription*

DD Form 1149, *Requisition and Invoice/Shipping Document*

DD Form 1150, *Request for Issue or Turn-In*

DD Form 1155, *Order for Supplies or Service*

DD Form 1191, *Warning Tag for Medical Oxygen Equipment*

DD Form 1348, *DoD Single Line Item Requisition System Document (Manual)*

DD Form 1348-1A, *Issue Release/Receipt Document*

DD Form 1348-6, *DoD Single Line Item Requisition System Document (Manual Long Form*)

DD Form 1384, *Transportation Control and Movement Document (TCMD)*

DD Form 1387, *Military Shipment Label*

DD Form 1387-2, *Special Handling Data/Certification*

DD Form 1391, *FY Military Construction Project Data*

DD Form 1391c, *FY Military Construction Project Data (continued)*

DD Form 1502, *Medical Materiel Shipment, Frozen*

DD Form 1502-1, *Medical Material Shipment, Chille*

DD Form 1502-2, *Limited Unrefrigerated Medical Material Shipment*

DD Form 1575, *Suspended Tag – Materiel*

DD Form 1575-1, *Suspended Label – Materiel*

SF 30, *Amendment of Solicitation/Modification of Contract*

SF 135, *Records Transmittal and Receipt*

SF 361, *Transportation Discrepancy Report*

SF 364, *Supply Discrepancy Report (SDR)*

SF 368, *Product Quality Deficiency Report*

AF Form 9, *Request for Purchase*

AF Form 36, *Supply Document Register (Manual)*

AF Form 55, *Employee Safety and Health Record*

AF Form 105F-2, *Stock Record Card (Cost Category II)*

AF Form 105F-4, *Due-In and Due-Out Record*

AF Form 126, *Customer Request Log*

AF Form 538, *Personal Clothing and Equipment Record*

AF Form 601, *Equipment Action Request*

AF Form 616, *Fund Cite Authorization*

AF Form 847, *Recommendation for Change of Publication*

AF Form 971, *Supervisor's Employee Brief*

AF Form 1000, *IDEA Application*

AF Form 1297, *Temporary Issue Receipt*

AF Form 1763, *Medical Maintenance Work Order*

AF Form 2530, *Alarm System Test Record*

AF Form 3215, *IT/NSS Requirements Document*

AF Form 4009, *GPC Fund Cite Authorization*

DEA Form-106, *Report of Loss or Theft of Controlled Drugs*

DEA Form-222, *Official Order Form for Schedule I and II Controlled Substances*

DEA Form-222A, *Order Book Requisition*

DEA Form-224, *New Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner*

DEA Form-224A, *Renewal Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner*

Form FDA 3400A, *Mandatory MedWatch Report*

Form FDA 3500, *Voluntary MedWatch Report*

Abbreviations and Acronyms

AAC—Acquisition Advice Code

AAFES—Army and Air Force Exchange Service

AE—Aeromedical Evacuation

AED—Automated External Defibrillator

AEF—Air and Space Expeditionary Force

AES—Aeromedical Evacuation Squadron

A&F—Accounting and Finance

AFEMS—Air Force Equipment Management System

AFI—Air Force Instruction

AFFARS—Air Force Federal Acquisition Regulation Supplement

AFFOR—Air Force Forces

AFMC—Air Force Materiel Command

AFML—Air Force Medical Logistics

AFMLOC—Air Force Medical Logistics Operations Center

AFMS—Air Force Medical Service

AFMOA—Air Force Medical Operations Agency

AFMOA/SGAL—Air Force Medical Operations Agency/Medical Logistics Division

AFRC—Air Force Reserve Command

AFSOC—Air Force Special Operations Command

AFTTP—Air Force Tactics, Techniques and Procedures

AFWCF/MDD—Air Force Working Capital Fund Medical-Dental Division

AM—Assemblage Management (DMLSS)

AMC—Air Mobility Command

ANG—Air National Guard

APOD—Aerial Point of Debarkation

APOE—Aerial Port of Embarkation

APS—Aerial Port Squadron

ARC—Air Reserve Component (Air Force Reserve and Air National Guard units)

ART—Air Expeditionary Force UTC Reporting Tool

AS—Allowance Standard

ASC—Allowance Source Code

ATNAA—Antidote Treatment-Nerve Agent Autoinjector

BCN—Build Control Number

BCO—Base Contracting Officer

BEE—Bioenvironmental Engineer

BES—Bioenvironmental Engineering Services

BMET—Biomedical Equipment Technician

BO—Business Objects

BPA—Blanket Purchase Agreement

BRAC—Base Realignment and Closure

BW/CW—Biological Warfare/Chemical Warfare

C&A—Certification and Accreditation

CAIM—Customer Area Inventory Management

CAL—Custodian Action Lists

CANA—Convulsant Antidote, Nerve Agent (Diazepam)

CBRN—Chemical, Biological, Radiological, and Nuclear

CCATT—Critical Care Air Transport Team

CCI—Controlled Cryptographic Items

CDF—Cargo Deployment Function

CE—Civil Engineer

CIIC—Controlled Items Inventory Code

CMOS—Cargo Movement and Operations System

CONOPS—Concept of Operations

CONUS—Continental United States

CP—Collectively Protected

COR—Contracting Officer Representative

COTR—Contracting Officer Technical Representative

CRL—Custodian/Receipt Location List

CSDC—Consolidated Storage and Deployment Center

CSRB—Communications-Computer Systems Requirements Board

DAPS—Defense Automated Printing Service

DBPA—Decentralized Blanket Purchase Agreement

DDR—Daily Demand Rate

DEA—Drug Enforcement Agency

DeCA—Defense Commissary Agency

DFARS—Defense Federal Acquisition Regulation Supplement

DFAS—Defense Finance and Accounting Service

DHP—Defense Health Program

DLA—Defense Logistics Agency

DLATS—DLA Troop Support

DMLSS—Defense Medical Logistics Standard Support

DMO—Division Management Office

DMS—Defense Message System

DOC—Designated Operational Capability

DoD—Department of Defense

DoDAAC—Department of Defense Activity Address Code

DoDAAD—Department of Defense Activity Address Directory

DoDDS—Department of Defense Dependents Schools

DoDMMQC—Department of Defense Medical Materiel Quality Control

DoT—Department of Transportation

DP—Deferred Procurement

DSN—Defense Switched Network

EAA—Equipment Approval Authority

ECAT—Electronic Catalog

EDI—Electronic Data Interchange

EDL—Equipment Data List

EIL—Equipment Inventory List

EM—Environmental Manager

EM—Equipment Management (DMLSS)

EMEDS—Expeditionary Medical Support

EML—Expeditionary Medical Logistics

EOC—Environment of Care

EOD—End of Day

EOFY—End of Fiscal Year

EOM—End of Month

EOQ—Economic Order Quantity

EOR—Element of Resource

EPA—Environmental Protection Agency

EPCRA—Emergency Planning and Community Right to Know Act

ERAA—Equipment review and Authorization Activity

ESL—Estimated Storage Life

ESP—Emergency and Special Program

FAD—Force Activity Designator

FAM—Functional Area Manager

FAR—Federal Acquisition Regulation

FDA—Food and Drug Administration

FL—Forward Logistics

FM—Facility Management

FOB—Free on Board

FOB—Found on Base

FSC—Federal Supply Class

FSS—Federal Supply Schedule

FY—Fiscal Year

GPC—Government-Wide Purchase Card

GPMJAB—Global Patient Movement Joint Advisory Board

GSA—General Services Administration

HAMS—Hospital Aseptic Management System

HAZMAT—Hazardous Materiel

HMIS—Hazardous Material Information System

HMP—Hazardous Materiel Pharmacy

HW—Hazardous Waste

IAD—Inventory Adjustment Document

IAV—Inventory Adjustment Voucher

IAW—In Accordance With

ICP—Inventory Control Point

IDEA—Innovative Development Through Awareness

IEU—Individual Equipment Unit

IGC—Integrated Data Environment/Gloal Transportation network Convergence Account

IGCE—Independent Government Cost Estimate

IGM—In-Garrison Maintenace

ILSP—Integrated Logistics Support Plan

IM—Inventory Management (DMLSS)

IM/IT—Information Management/Information Technology

IPR—In-Process Review

ISSA—Inter-Service Support Agreement

ITV—In-Transit Visibility

J&A—Justification and Approval

JACKS—Joint Acquisition CBRN Knowledge System

JCS—Joint Chiefs of Staff

JIT—Just in Time

JMAR—Joint Medical Asset Repository

JMLFDC—Joint Medical Logistics Functional Development Center

LIMFAC—Limiting Factor

LMR—Land Mobile Radio

LOGDET—Logistics Detail

LOGMOD—Logistics Module of COMPES

LOX—Liquid Oxygen

LP—Local Purchase

LRRC—Loaner, Repair and Return Center

LRS—Logistics Readiness Squadron

LUM—Low Unit of Measure

MAJCOM—Major Command

MAP—Materiel Availability Percentage

MC—CBRN-Medical Countermeasures-Chemical, Biological, Radiological, and Nuclear

MCD—Mission Capable Date

MEMO—Medical Equipment Management Office

MERC—Medical Equipment Repair Center

METC—Medical Enlisted Training Center

MHS—Military Health System

MILCON—Military Construction Program

MILSTRIP—Military Standard Requisition and Issue Procedures

MIPR—Military Interdepartmental Purchase Request

MISCAP—Mission Capabilities Statement

ML—Medical Logistics

MLFC—Medical Logistics Flight Commander

MOA—Memorandum of Agreement

MOU—Memorandum of Understanding

MRA—Manpower and Equipment Force Packaging Responsible Agency

MRC—Medical Readiness Committee

MRL—Medical Resources Letter

MSDS—Material Safety Data Sheet

MTF—Medical Treatment Facility

NDC—National Drug Code

NFPA—National Fire Protection Association

NGB—National Guard Bureau

NIH—National Institutes of Health

NIR—New Item Request

NLT—Not Later Than

NSN—National Stock Number

OCONUS—Outside the Continental united States

OEM—Original Equipment Manufacturer

O&M—Operations and Maintenance

OP—Other Procurement

OPLOC—Operating Location (DFAS)

OSI—Office of Special Investigations

PACAF—Pacific Air Forces

PAR—Periodic Automatic Resupply

PAR—Population At Risk

PDA—Personal Digital Assistant

PFMR—Project Fund Management Record

PH—Public Health

PHEO—Public Health Emergency Officer

PI—Pandemic Influenza

PMI—Patient Movement Item

PMITS—Patient Movement Item Tracking System

PMRP—Precious Metal Recovery Program

PO—Purchase Order

POC—Point of Contact

POM—program Objective Memorandum

POS—Peacetime Operating Stock

PPE—Personal Protective Equipment

PR—Purchase Request

PSM—Patient Safety Manager

PTDO—Prepare to Deploy Order

PTF—Pharmacy and Therapeutics Function

PV—Prime Vendor

PWS—Performance Work Statement

QA—Quality Assurance

QASP—Quality Assurance Surveillance Plan

RC/CC—Responsibility Center/Cost Center

RDD—Required Delivery Date

RID—Routing Identifier

RM—Risk Management

RMO—Resource Management Office

ROS—Report of Survey

SFFAS—Statement of Federal Financial Accounting Standards

SLEP—Shelf Life Extension Program

SNAPP—Soman Nerve Agent Pretreatment Pyridostigmine

SORTS—Status of Resources and Training System

SOS—Source of Supply

SOW—Statement of Work

SRAN—Stock Record Account Number

TAC—Transportation Account Code

TCN—Transportation Control Number

TEP—Technical Evaluation Plan

TLAMM—Theater Lead Agent for Medical Materiel

TO—Technical Order

TO—Transportation Officer

TPFDD—Time-Phased Force Deployment Data

TRICARE—DoD Managed Health Care Program

TRIMEDS—Tri-Service Medical Excess Distribution System

TTP—Tactics, Techniques and Procedures

UDR—Universal Data Repository

ULN—Unit Line Number

UMD—Unit Manning Document

UMMIPS—Uniform Materiel Movement & Issue Priority System

UND—Urgency of Need Designator

UOM—Unit of Measure

USAF—United States Air Force

USAFE—United States Air Force Europe

USAMMA—United States Army Medical Material Agency

USP—United States Pharmacopoeia

USPFO—United States Property and Fiscal Officer

USPS—United States Postal Service

UTC—Unit Type Code

VA—Veterans Administration

VCNCO—Vehicle Control Non-Commissioned Officer

VCO—Vehicle Control Officer

VM—Vehicle Management

WAWF—Wide Area Work Flow

WRM—War Reserve Materiel

Attachment 2

SAMPLE INVENTORY SUMMARY LETTER

Figure A2.1. Sample, Operating Inventory Summary Report.

Date

MEMORANDUM FOR XX MDSS/SGSM

FROM: Accountable Base Medical Supply Officer, XX Medical Group

SUBJECT: Annual Operating Inventory Summary

1. The annual inventory of AFWCF/MDD-owned supplies was conducted on (dates inventory conducted), IAW AFI 41-209, *Medical Logistics Support*, paragraph 3.49.

2. The results of the inventory were:
   a. Total units counted: X,XXX
   b. Overall inventory accuracy: XX%
   c. Dollar amount of overages: $X,XXX
   d. Dollar amount of shortages: $X,XXX

ABMSO Signature Block

4 Attachments:
1. DMLSS Inventory Accuracy Analysis Report
2. Count lists (unless PDAs are used)
3. Inventory Adjustment Voucher(s) (as required)
4. ROS submission documentation (as required)

1st Ind, XX MDSS/SGSM Date

MEMORANDUM FOR ABMSO

Approved/Disapproved

MLFC Signature Block

Figure A2.2. Sample, In-Use Equipment Inventory Summary Report.

Date

MEMORANDUM FOR XX MDSS/SGSM

FROM: MEMO Supervisor, XX Medical Group

SUBJECT: Annual In-Use Equipment Inventory Summary

1. The annual inventory of in-use equipment was conducted on (Dates inventory conducted), IAW AFI 41-209, *Medical Logistics Support*, paragraph 7.19. The attached documents are submitted for review.

2. Results of the inventory are:
   a. Total units counted: X,XXX
   b. Total units not located: XX
   c. Dollar amount of overages: $XX,XXX
   d. Dollar amount of shortages: $XX,XXX

MEMO Supervisor Signature Block

3 Attachments:
1. Equipment Inventory Lists (or CRLs, whichever is used; unless PDAs are used)
2. Equipment Inventory Adjustment Document(s) (as required)
3. ROS submission documentation (as required)

1st Ind, XX MDSS/SGSM Date

MEMORANDUM FOR MEMO SUPERVISOR

Approved/Disapproved.

MLFC Signature Block

Figure A2.3. Sample WRM Inventory Summary Report

Date

MEMORANDUM FOR XX MDSS/SGSM

FROM: WRM Project Officer, XX Medical Group

SUBJECT: Annual War Reserve Materiel (WRM) Inventory Summary

1. The annual inventory of assigned WRM materiel was conducted on (dates inventory conducted), IAW AFI 41-209, *Medical Logistics Support*, paragraph 13.20. The attached documents are submitted for review.

2. A summary of each assemblage status report is listed in the table below.

Project	Total Units	Accuracy %	$ Value Overages	$ Value Shortages
xxx MDG - BWCW	x,xxx	100%	$0.00	$0.00
xxx MDG - AMCP	x,xxx	100%	$0.00	$0.00
xxx MDG – 915E-A	x,xxx	100%	$0.00	$0.00
xxx MDG – 915E-B	x,xxx	100%	$0.00	$0.00
xxx MDG – 915E-C	x,xxx	100%	$0.00	$0.00

WRM Project Officer Signature Block

5 Attachments:
1. DMLSS Inventory Accuracy Analysis Report
2. Count lists (unless PDAs are used)
3. Inventory Adjustment Voucher(s) (as required)
4. ROS submission documentation (as required)
5. WRM Medical Maintenance Report (if inventory completed by IGM contractor)

1st Ind, XX MDSS/SGSM Date

MEMORANDUM FOR WRM PROJECT OFFICER

Approved/Disapproved

MLFC Signature Block

Figure A2.4. Sample, MC-CBRN Project Inventory Summary Report.

Date

MEMORANDUM FOR XX MDG/CC

FROM: MCRP PROJECT Team Chief, XX Medical Group

SUBJECT: Annual MC-CBRN Project Inventory Summary

1. The annual inventory of the assigned (name of MCRP Team) MC-CBRN materiel was conducted on (dates inventory conducted), IAW AFI 41-209, *Medical Logistics Support*, paragraph 13.33.8. The attached documents are submitted for review.

2. The results of the inventory were:
    a. Total units counted: X,XXX
    b. Overall inventory accuracy: XX%
    c. Dollar amount of overages: $X,XXX
    d. Dollar amount of shortages: $X,XXX

MCRP Project Team Chief
Signature Block

5 Attachments:
1. DMLSS Inventory Accuracy Analysis Report
2. Count lists (unless PDAs are used)
3. Inventory Adjustment Voucher(s) (as required)
4. ROS submission documentation (as required)
5. WRM Medical Maintenance Report (if inventory completed by IGM contractor)

1st Ind, XX MDG/CC

MEMORANDUM FOR MCRP PROJECT TEAM CHIEF

Approved/Disapproved.

MDG/CC Signature Block

Attachment 3

RECOMMENDED MEDICAL ASSEMBLAGE INVENTORY PROCESS

A3.1. Download the most current allowance standard (AS) from the AFML website. Print for reference/identification during maintenance process.

A3.2. Process AS update for assemblage being reviewed. A list of AS changes and out of balance items is produced. Do not automatically accept changes for out of balance conditions. Check each item to determine if it is an adjusted unit of issue on the operating inventory records. If the item is adjusted on operating records, it will affect WRM records. Users should have the allowance quantity in DMLSS Assemblage Management (AM) reflecting the adjusted unit of issue. Locally Managed Items should be checked in AM to indicate the adjusted unit is set up correctly and will not be out of balance in future downloads.

A3.3. Print Supply and Equipment Mass Update.

A3.4. Print Assemblage Status Report. Compare each line item and level to the current AS.

A3.5. Validate/update all prime-sub relationships.

A3.6. Identify equipment in maintenance, on loan, at PMEL or otherwise unavailable during review.

A3.7. Proceed with assemblage inventory review.

A3.7.1. Annotate all actions on the Mass Update/QAX to include:

A3.7.1.1. Balance record quantity.

A3.7.1.2. Quality Assurance (QA) data.

A3.7.2. Segregate the following items as appropriate:

A3.7.2.1. Quantity overages.

A3.7.2.2. Expired items.

A3.7.2.3. Equipment assets requiring repair or are due preventive maintenance (PM)/calibration (cal).

A3.8. Research discrepancies. If inventory is being conducted by the In-Garrison Maintenance contractor, discrepancies will be researched with the designated host FM account representative.

A3.9. Update all QA data in DMLSS.

A3.9.1. Submit proposed inventory adjustment actions to the designated inventory adjustment approving official for coordination, review, and certification.

A3.9.2. Freeze the assemblage inventory in DMLSS.

A3.9.3. Input inventory counts.

A3.9.4. Finalize the assemblage inventory in DMLSS (inventory adjustment documents are produced).

A3.9.5. Ensure all assemblages/assets are appropriately repacked.

A3.10. Routine maintenance actions. Review Assemblage assets for the following opportunities:

A3.10.1. Shelf Life Extension Program.

A3.10.2. Cross-level overages to satisfy shortages in other sections/assemblages.

A3.10.3. Process expired/excess materiel through return goods contractor.

A3.10.4. Transfer to excess.

A3.11. Complete all required Equipment Maintenance actions, including (but not limited to):

A3.11.1. Identifying and requesting procurement for spare parts required for in-house repair/PM/cal.

A3.11.2. Performing repair/PM/cal on items serviced in-house.

A3.11.3. Arranging support for items requiring contract or PMEL repair/PM/cal, and assets receiving repair/PM/cal support under existing MOUs (e.g., CE for generators).

Attachment 4

PREPARATION, DISTRIBUTION AND SUBMISSION INSTRUCTIONS FOR AF FORM 9, REQUEST FOR PURCHASE; AND DD FORM 1348-6, DOD SINGLE LINE ITEM REQUISITION SYSTEM DOCUMENT

A4.1. AF Form 9, Request for Purchase.

Table A4.1. Preparation, Distribution and Submission Instructions for AF Form 9.

Block/Col Title	Entry
Preparation No.	Original and two copies. For AFWCF/MDD funded purchases processed through the logistics operating system, use the medical SRAN and Julian date recorded in system. For O&M purchases, replace the SRAN with the locally assigned six position MTF resource manager code and Julian date of preparation.
Date	Leave blank
Class	Federal Supply Class.
Contract, Purchase Order or Delivery Order No.	Entry will be made by the contracting officer. The MLFC may enter the number on the suspense copy upon receipt of contract, purchase order number or delivery order.
Installation	Name of initiating activity.
To: Contracting Officer Through From	Leave blank. Base accounting and finance officer. Medical SRAN.
Purchased for	Identify the activity for which the purchase is being made.
For Delivery To	Enter the medical SRAN and address of the medical materiel activity and specific building or room number, where materiel is to be delivered.
Not Later Than	The two-digit priority designator and required delivery date (RDD) determined according to Chapter 3. UMMIPS time standards do not apply. Allow for procurement lead-time.
Block/Col Title	Entry
Item	For requisitions, use the four digit serial number recorded in DMLSS.

	For non-AFWCF/MDD requisitions, use a four-digit serial number ending in 00. For repair and return items, manually assign a document number from the 3750-3799 series. DMLSS will assign a document number from D001-D999 if the user doesn't manually assign one.
Description of Materiel or Services to be Purchased	The NSN for stock listed items. a. Enter a complete description of the item. The description must include sufficient information to enable suppliers to identify the desired materiel or services; such as, manufacturer's name, commercial catalog numbers, model number, size, shape, color, strength, dosage, performance data or power characteristics, as applicable. When drugs, biologicals and official reagents are requested, the applicable qualify standards should be considered; that is, USP, NF, NDD, etc. b. When the item is covered by a specification or drawing, include the drawing or specification in the description. A copy of drawing or specification (except federal) may be attached to the request if this action will assist the contracting officer in the purchase. c. When an item cannot be adequately described in any other way, the name of one and if possible, three commercial products should be included as part of the description followed by the words "or equal" to ensure that the bidding is not limited to the particular make or makes specified.
Block/Col Title	Entry
Description of Materiel or Services to be Purchased (Cont'd)	d. When a particular manufacturer's make, model or service is required, a sole source justification must be included to substantiate purchase without competition by the contracting officer. A specific contractor's product or service listed in a multiple award federal supply schedule or GSA contract may be selected without a formal sole source

	determination, but selection must be justified as outlined in FAR 8.405.1 and DoD FAR 8.405-1. e. Requests for repair parts will contain the stock number, item identification manufacturer, model and serial number of the end item for which the parts are required. Electrical characteristics should also be included, if appropriate. f. Additional information available; such as, purchase order number on which the item was previously purchase and prospective sources of supply will be entered to assist the contracting officer. g. Following the last line of descriptive data, enter any remarks pertaining to special handling and shipping instructions, funding limitation or other significant data.
Quantity	Quantity of item required. Consider original commercial packs.
Unit	Unit of issue; identify services as "complete job," "quarterly contract," etc.
Estimated Unit Price	Known or estimated unit price of the item.
Estimated Total Cost	Known or estimated total cost of the item.
Total	The total of all costs in the Estimated Total Cost column, AF Form 9.
Purpose	Intended use of the materiel stated by quoting the appropriate paragraph of this chapter authorizing the purchase. The block covering emergency situations will be checked when purchase is requested for urgent requirements as defined in paragraph 4.11.
Block/Col Title	Entry
Date – Typed Name and Grade of Initiating Officer, Signature	Date, typed signature element and signature of the MLFC or designated representative.
Accounting Classification	No entry required.
Date, Typed Name and Grade of Accounting Officer, Signature	No entry required.
Approved by Base Commander or Designee	Date typed signature element and signature of the designated approving authority. PR involving services or highly technical items should be supported by an informal memorandum listing the names and telephone

	numbers of personnel who can assist the purchasing and contracting officer.

A4.2. DD Form 1348-6, DoD Single Line Item Requisition System Document.

A4.2.1. A separate form will be prepared for each line item requisitioned.

A4.2.2. Each requisition will be self-continued with a single document.

A4.2.3. There are two separate and distinct sections of the form. The first is comprised of 80 card columns and outlines item identification data (see Table A4.2). The second includes source identification and item description data (see Table A4.3).

Table A4.2. Item Identification Data, DD Form 1348-6.

Standard Column	Title	Entry
1-3	Document identifier	"AOE" or "AO5."
4-6	Routing identifier	"LPR" (except overseas).
8-22	Manufacturer's Code and Part Number	Stock number assigned to the item.
23-24	Unit of Issue	Unit of issue assigned by the medical materiel activity.
25-29	Quantity	Quantity requested.
30-35	Requisitioner	"FM" plus the four-digit numeric SRAN: for example, "FM3047."
36-39	Document Date	Julian date of the document.
40-43	Document Serial Number	Serial number of the document.
44	Demand Code	"R" for recurring: "N" for nonrecurring.
45-50	Supplementary Address	Supplementary address if another activity is designated to receive the materiel.
51	Signal Code	Applicable signal code.
52-53	Fund Code	Applicable fund code.
54-56		Leave blank.
57-59		When applicable, enter project code.
60-61	Priority Designator	Applicable priority designator.
62-64	Required Delivery Date	Enter date materiel must be delivered.
65-66		Leave blank.
79-80	Unit Price – Mills	Normally, this field will be zero filled. When the Unit price is represented with a fraction of a cent, the Fraction will be entered as mills.

Table A4.3. Identification Data Section, DD Form 1348-6.

Block	Description	Instructions
1	Manufacturer's code and part number	Commercial and government entity (CAGE) code and part number. NOTE: Block 1 data should always be included as part of the item description (block 7).
2	Manufacturer's Name	Manufacturer's name.
3	Manufacturer's catalog identification	Catalog number.
4	Date	Date.
5	Technical order number	Technical order, if applicable.
6	Technical manual number	Technical manual, if applicable.
7	Name of item requested	Item name.
8	Description of item requested	Complete description of item. Include name of item, strength, size, color and electrical and other characteristics. The medical logistics activity should provide maximum descriptive data. When the complete description will not fit in the block, prepare an additional DD Form 1348-6, entering the stock number in columns 8-22 and the remainder of the description in block 8.
9	Item application	Enter the stock number and/or name of the end item.
9a	Source of supply	Source of supply of the end item.
9b-9c		Make, model, series and serial number of end item, if applicable.
10	Requisitioner	Self-explanatory.
11	Remarks	a. GSA, VA, DLA or other contract number that may apply to the item requested. Contract numbers are important and will assist in expediting the actual award and creation of the purchase order. b. Fund citation. For example, 97X4930.FCOB **6BFM****, ****** for fund code 6B; 57*3400 for fund code 30; 97030 for fund code 2F; or 573/43600 for fund code 29. NOTE: **=Operating Agency Code, ****=Stock Record Account Number, ******=ADSN. c. Any other data that may assist in the procurement of the item.

Attachment 5

PREPARATON AND POSTING INSTRUCTIONS FOR AF FORM 105F-2, STOCK RECORD CARD (COST CATEGORY II)

A5.1. Preparation.

A5.1.1. Card Number – Enter 1A on first side of first form used, 1B on reverse side and number additional cards for same item 2A, 2B, etc.

A5.1.2. Date Column – Enter the current calendar year.

A5.1.3. Stock Number – In the space below, enter the Item ID number.

A5.1.4. Description – In the space below, enter the item description.

A5.1.5. Class, Unit of Issue,-In the space marked "Class," enter "R" for Schedule II items or"Q" for Schedule III-V items, and unit of issue (U/I).

Table A5.1. Preparation Instructions for AF Form 105F-2.

Column	Entry
1	MO.
2	DAY
3	Cross out "VOUCHER," enter "DOCUMENT"
4	FROM OR TO
5	SERV.
6	Cross out "REP.," leave blank
7	MISC.
8	Cross out "COND.," leave blank
9	ISSUE
10	Cross out "REP SHPMT," leave blank
11	MISC.
12	Enter "OPER." Above SERV.
13	Cross out "REP.," enter "OPER. SUSP."
14	Cross out "W/O," enter "WRM SERV."
15	Cross out "TOC," enter "WRM SUSP."
16	Cross out "MOD RES.," enter "WRM FDA"
17	Cross out "PROJ," leave blank
18	Blank
19	Enter "INIT."

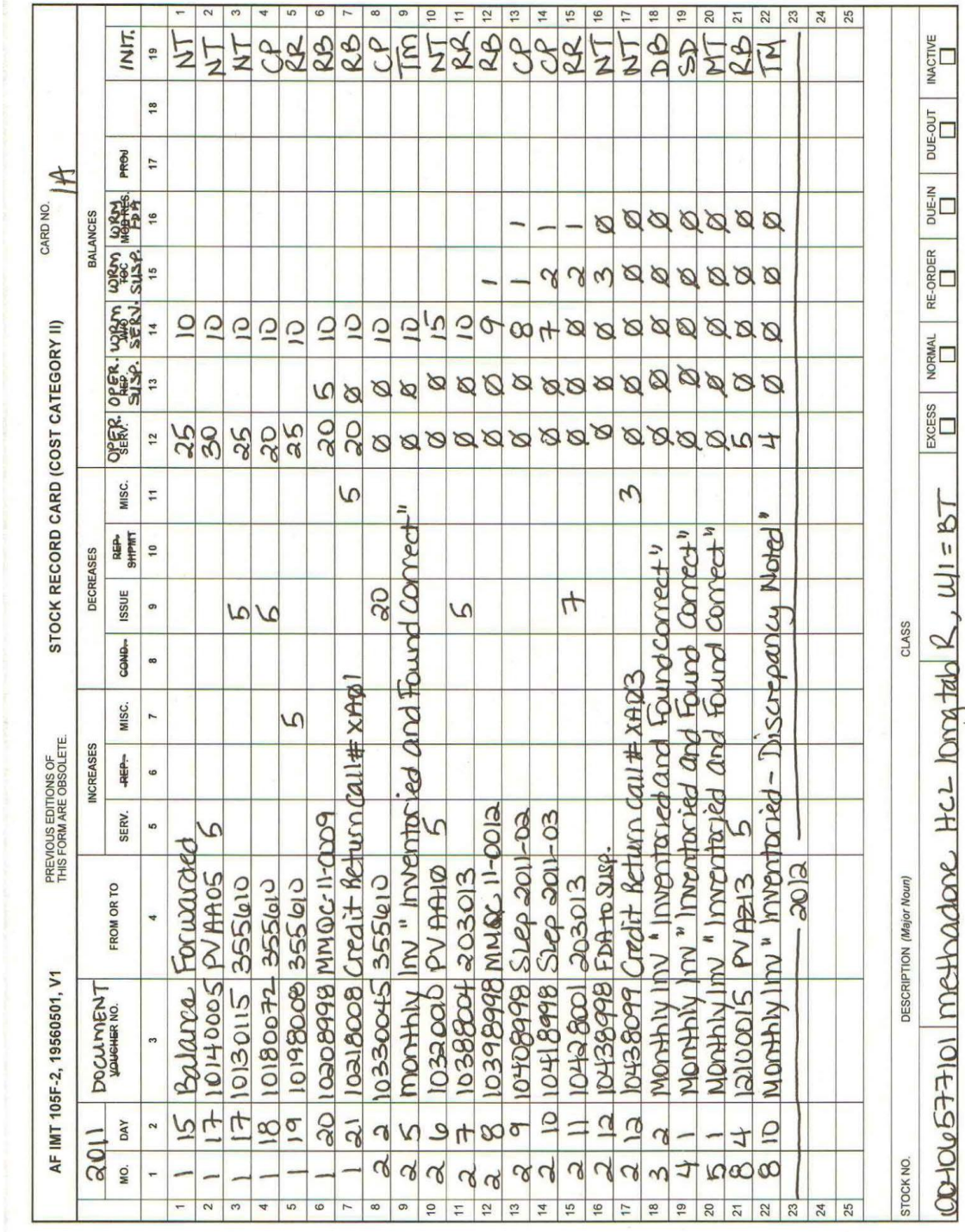
A5.2. Posting

Table A5.2. Posting Instructions for AF Form 105F-2.

Column	Entry
	Miscellaneous
1-2	"MO." And "DAY" – Self-explanatory
3	"DOCUMENT NO." – Enter the eight-digit document number.

4	"FROM OR TO" – Enter the source, RC/CC, MMQC or SLEP message number, Credit Return call number or disposition of materiel.
	Increases
5	"SERV." – Enter quantities of serviceable OPR and WRM items received – adjust balances in column 12 for operating and column 14 for WRM.
7	"MISC." – Enter all other increases that result from any type of gain transactions – adjust quantities in balance columns as appropriate.
	Decreases
9	"ISSUE," – Enter issues – adjust quantities in balance columns as appropriate.
11	"MISC." – Enter all other decreases that result from any type of loss transactions – adjust quantities in balance columns as appropriate.
	Balances
12	"OPR SERV." – Total of on-hand operating serviceable stock.
13	"OPR SUSP." – Total of on-hand operating suspended stock.
14	"WRM SERV." – Total of on-hand WRM serviceable stock.
15	"WRM SUSP." – Total of on-hand WRM suspended stock.
16	"WRM FDA" – Total of on-hand WRM inventory stock in FDA testing.
	Certification
19	"INIT." – Initials of the vault custodian that completed the posting, or the disinterested inventory officer certifying the annotated balances.
NOTE: 1. As postings are made to operating or WRM balance columns, ensure all inventory balances are transcribed to the next line. 2. After three consecutive inventories with zero balances, the AF Form 105F-2 may be moved to inactive status or file IAW paragraph 5.4.2.3.	

Table A5.3. AF Form 105F-2 Example.



AF IMT 105F-2, 19560501, V1 — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. — STOCK RECORD CARD (COST CATEGORY II) — CARD NO. 14

	MO.	DAY	DOCUMENT VOUCHER NO.	FROM OR TO	INCREASES SERV.	INCREASES REP.	INCREASES MISC.	DECREASES COND.	DECREASES ISSUE	DECREASES REP SHPMT	DECREASES MISC.	BALANCES OPER. SERV.	BALANCES OPER. REP SUSP.	BALANCES WRM WHS SERV.	BALANCES WRM TOC SUSP.	BALANCES WRM MONTHS F&A	PROV		INIT.	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
1	1	15	Balance Forwarded									25		10					NT	1
2	1	17	10140005	PV AA05	5							30		10					NT	2
3	1	17	10130115	355610					5			25		10					NT	3
4	1	18	10180072	355610					5			20		10					CP	4
5	1	19	10198008	355610			5					25		10					RR	5
6	1	20	10208998	MMQC-11-0009								20	5	10					RB	6
7	1	21	10318008	Credit Return Call# xA901							5	20	Ø	10					RB	7
8	2	2	10330045	355610					20			Ø	Ø	10					CP	8
9	2	5	monthly INV " Inventoried and Found Correct"									Ø	Ø	10					TM	9
10	2	6	10320005	PV AA10	5							Ø	Ø	15					NT	10
11	2	7	10388004	203013					5			Ø	Ø	10					RR	11
12	2	8	10398998	MMQC 11-0012								Ø	Ø	9	1				RB	12
13	2	9	10408998	Sep 2011-02								Ø	Ø	8	1	1			CP	13
14	2	10	10418998	Sep 2011-03								Ø	Ø	7	2	1			CP	14
15	2	11	10428001	203013					7			Ø	Ø	Ø	2	1			RR	15
16	2	12	10438998	FDA to Susp.								Ø	Ø	Ø	3	Ø			NT	16
17	2	12	10438099	Credit Return Call # xA903							3	Ø	Ø	Ø	Ø	Ø			NT	17
18	3	2	Monthly INV " Inventoried and Found Correct"									Ø	Ø	Ø	Ø	Ø			DB	18
19	4	1	Monthly INV " Inventoried and Found Correct"									Ø	Ø	Ø	Ø	Ø			SD	19
20	5	1	Monthly INV " Inventoried and Found Correct"									Ø	Ø	Ø	Ø	Ø			MT	20
21	8	4	12100015	PV AB13	5							5	Ø	Ø	Ø	Ø			RB	21
22	8	10	Monthly INV " Inventoried - Discrepancy Noted"									4	Ø	Ø	Ø	Ø			TM	22
23			2012																	23
24																				24
25																				25

STOCK NO. 00-106577101 — DESCRIPTION (Major Noun) Methadone HCL 10mg Tab R, W1 = BT — CLASS — EXCESS ☐ NORMAL ☐ RE-ORDER ☐ DUE-IN ☐ DUE-OUT ☐ INACTIVE ☐

Attachment 6

CHECKLIST FOR INVENTORYING CONTROLLED MEDICAL ITEMS

Table A6.1. Inventory Checklist for Controlled Medical Items.

1.	Has the inventory officer reviewed sections of Chapter 5 as they pertain to controlled inventories?	
2.	Is the materiel to be inventoried clearly identified? Is it neatly place on shelves and clearly marked with the correct stock numbers?	
2.1.	Is suspended stock segregated from serviceable stock and clearly marked?	
2.2.	Is stock awaiting delivery segregated from on-hand inventories and stored with the Delivery List?	
3.	Are the manual storage control records accurately maintained to permit item identification and accurate entries of inventory results?	
4.	Has the controlled medical item custodian given the inventory officer a copy of the Transaction Register (TR), report type "controlled items?"	
4.1.	Does the inventoried quantity match the final balance on both the formal and informal storage control records?	
4.2.	If discrepancies are noted, was the balance on the TR and/or informal storage control record lined through, and was the physical count quantity annotated?	
5.	Has the inventory officer certified the correctness of the inventory count by initialing each correct page and signing the final page of the TR, and initialing the manual storage control record?	
5.1.	Has the inventory officer included their printed name, rank, and date of inventory on the TR along with the "Inventoried and Found Correct" or "Inventoried-Discrepancies Noted" (or similar) statements?	
5.2.	Has the inventory officer annotated all on-hand balance quantities on the balance line of the informal storage control record, added either "Inventoried and Found Correct" or "Inventoried-Discrepancies Noted," and initialed?	
5.3.	Has the inventory officer validated the on-hand balances for stock awaiting delivery with the quantities on the Delivery Lists and included their printed name, rank date of inventory, and signature on the lists?	
6.	Were validated discrepancies reported to the MTF commander?	

Attachment 7

FORMAT OF SUPPORTING STATEMENTS FOR EQUIPMENT ACQUISITION

PART I – BIOMEDICAL EQUIPMENT MAINTENANCE SECTION

A7.1. Equipment Description (Very briefly describe what the equipment is used for):

A7.2. Nomenclature (Use a specific, accurate Nomenclature from DMLSS. This will ensure the proper Device Code, inspection cycles, and other critical fields are properly populated during Master Record construction before the item is funded and a Due-In established (verify that Accountable and Maintenance Required indicators are accurate):

A7.3. Is this item a replacement for an existing unit?

( ) No ( ) Yes
If No, skip to paragraph A7.5.
If Yes, recommend disposition of the existing system.
( ) Retain as back-up ( ) Excess ( ) Turn in to DLA Disposition Services ( ) Other

A7.4. Does the Historical Maintenance Report (HMR) accurately reflect the condition of the existing unit(s)?

( ) No ( ) Yes If No, or if the HMR is not available, comment on the condition of the unit:

A7.5. Consider the following technical factors concerning the specific item being requested:

A7.5.1. Electrical Requirements:

Complete list below or check ( ) N/A and skip to paragraph A7.5.2.
Voltage (VAC): Minimum Regulation Required: %
Amperage: Continuous Momentary

Hertz (Circle choice): 50 or 60 Hz Phases (Circle choice): 1 or 3
Dedicated power line required? ( ) No ( ) Yes
Conditioned power required ? ( ) No ( ) Yes
Uninterruptible power supply (UPS) required? ( ) No ( ) Yes
If Yes, has the user requested UPS through appropriate channels? ( ) No ( ) Yes
If No, do not submit package until UPS has been requested.

Any unusual electrical requirements? ( ) No ( )Yes If Yes, explain:

A7.5.2. Plumbing requirements: Complete list below or check ( ) N/A and skip to paragraph A7.5.3.

Hot water: ( ) No ( ) Yes Temp range: - degrees F or C

Cold water: ( ) No ( ) Yes

Drainage: ( ) No ( ) Yes Inch Pipe

If Yes, does this unit discharge chemical wastes, effluent, sodium acids or other hazardous materials into drainage systems? ( ) No ( ) Yes

If Yes, has Bioenvironmental Engineering reviewed these discharges in accordance with environmental and health standards? ( ) No ( ) Yes

If No, do not submit this package until this review is conducted.

If Yes, provide a copy of the Bioenvironmental Engineer's review.

Is the drain for a photographic film processor? ( ) No ( ) Yes

If Yes, will it be used to process silver-containing films or materials? ( ) No ( ) Yes

If Yes, is silver recovery equipment available or has it been requested? ( ) No ( ) Yes

If No, provide for silver recovery before submitting this package.

Steam: ( ) No ( ) Yes Pressure range - psi

Air: ( ) No ( ) Yes Pressure range - psi

Oxygen (O2): ( ) No ( ) Yes

Nitrous Oxide: ( ) No ( ) Yes

Nitrogen: ( ) No ( ) Yes

Vacuum: ( ) No ( ) Yes Inches of mercury in. Hg

Any unusual plumbing requirements? ( ) No ( ) Yes If Yes, explain:

A7.5.3. Heat, Ventilation, and Air Conditioning (HVAC) Requirements:

Complete list below or check ( ) N/A and skip to paragraph A7.5.4.

Temperature range: - degrees C or F

Humidity range: - percent

Air recirculation: Exchanges per hour

Dedicated exhaust/ventilation duct required? ( ) No ( ) Yes

Does this unit discharge chemical wastes or effluent into ventilation systems or the environment: ( ) No ( ) Yes

If Yes, has Bioenvironmental Engineering reviewed the discharges in accordance with health and environmental standards? ( ) No ( ) Yes

If No, do not submit this package until this review is conducted.
If yes, provide a copy of the BEE's review.

Any unusual HVAC requirements? ( ) No ( ) Yes If Yes, explain:

A7.5.4. Structural Requirements: Complete list below or check ( ) N/A and skip to paragraph A7.5.5.

Are doorways/hallways tall enough? ( ) No ( ) Yes ( ) N/A

Are doorways/hallways wide enough? ( ) No ( ) Yes ( ) N/A

Will ceiling support weight? ( ) No ( ) Yes ( ) N/A

Will wall support weight? ( ) No ( ) Yes ( ) N/A

Will floor support weight? ( ) No ( ) Yes ( ) N/A

Does unit generate radiation? ( ) No ( ) Yes ( ) N/A

If Yes, has the Base Radiation Protection Officer evaluated the existing shielding or the need for new or increased shielding? ( ) No ( ) Yes

If No, do not submit the package until the evaluation is completed.

If Yes, attach a copy of the evaluation.

A7.5.5. Is room lighting adequate for operating and maintaining the equipment?

( ) No ( ) Yes If No, has the requirement been identified and included in the room modification requirements?

( ) No ( ) Yes If No, do not submit package until lighting requirements are adequately addressed in the room modification requirements.

Any unusual structural requirements? ( ) No ( ) Yes If Yes, explain:

A7.5.6. Has the Facility Manager submitted an AF Form 332 for the preceding items that require CE support? ( ) No ( ) Yes If No, Facility Manager must explain in Facility Management Section. If Yes, date the request was submitted.

A7.5.7. Have the requester and the Facility Manager assessed the communications requirements?

Consider telephones, modems, and computer networks data lines, routine and code response pagers, room-to-room intercoms, nurse/patient call systems, etc.

( ) No ( ) Yes, but no changes are required. ( ) Yes and changes are required.

If No, assess communications requirements before submitting this package.
If Yes, but no changes are required, proceed to paragraph A7.6.

If Yes and changes are required, attach copies of supporting documentation (e.g., AF Form 332, AF Form 601, AF Form 3215.

Does the manufacturer have a process for validating security patches and software upgrades?
( ) No ( ) Yes

Explain the process:

Does the manufacturer allow qualified local personnel to update/install software upgrades and security patches? ( ) No ( ) Yes

If Yes, [ ] dial-up [ ] direct download [ ]firmware update [ ] send back to manufacturer [ ] other. If No, explain how software updates and security patches will be applied.

Is a manufacturer Disclosure Statement for Medical Device Security (MDS2) available from the manufacturer?

( ) No ( ) Yes If yes, provide package to Information Systems Office for Section III review.

A7.6. Are there any other manufacturers who can provide the item being requested?

( ) No ( ) Yes If Yes, provide name, address, model number, etc.:

A7.7. Installation: Complete list below or check ( ) N/A and skip to paragraph A7.8.

Who will install unit?

( ) Manufacturer ( ) Requester ( ) BMET ( ) CE ( ) MERC

If Manufacturer, provide estimated cost, if any: $

Has installation site been selected? ( ) No ( ) Yes

If No, do not submit request until site is selected.

Is a CE project required to prepare the site? ( ) No ( ) Yes

If Yes, the Facility Manager must give site preparation cost estimate in Part II.

A7.8. Maintenance/Repair:

Do in-house capabilities exist? ( ) No ( ) Yes

If Yes, indicate the number of trained technicians:

If No, indicate the reason(s):

( ) Experienced technicians not assigned or are scheduled to depart before the unit is installed.

( ) Test equipment/tools not available. Have steps been taken to acquire necessary test equipment/tools? ( ) No ( ) Yes If No, explain:

( ) Technicians not trained. Provide source and cost of training if available:
( ) 382 TRS ( ) Manufacturer ( ) Other: Estimated cost: $
( ) Other reasons

Explain:

If in-house maintenance capabilities do not exist and cannot be obtained, suggest a source of maintenance service.
( ) Army Depot: ( ) Manufacturer: ( ) Other:

If contract support is required, will it be: ( ) Full time ( ) As needed ( ) Other

Explain:

Provide estimates for annual cost: (Strike out entry which does not apply in any year.)

1st Year Warranty or $
2nd Year Warranty or $
3rd Year Warranty or $
4th Year Warranty or $
5th Year Warranty or $

Coverage provided by servicing contractor: ( ) All labor ( ) Parts

( ) Travel ( ) Emergency response ( ) Preventive maintenance

Provide additional justification of the requirement for contract maintenance. (Note that in-house service is the preferred method to accomplish maintenance.)

A7.9. Technical Literature: Are you requesting at least two (2) copies of all necessary service literature, schematics, theory of operation for all circuitry, calibration instructions, etc.?

( ) No ( ) Yes If No, explain:

If Yes, have you determined that it is possible to obtain this literature from the manufacturer?
( ) No ( ) Yes If Yes, give estimated cost (if any): $

If No, submit the package only after confirming availability from manufacturer.

A7.10. Calibrations: Complete list below or check ( ) N/A and go to paragraph A7.11.

Source of calibration service:
( ) BMET ( ) MERC ( ) Manufacturer ( ) Depot ( ) PMEL

If Manufacturer, justify:

Comment on any expected calibration problems or check ( ) N/A and skip to paragraph A7.11.

A7.11. Final system acceptance will be performed by:

( ) MERC ( ) BMET ( ) Requester ( ) Other ( ) Not required (explain):

A7.12. Additional comments:

_____ _____
(Printed Name/Grade) (Phone)
Senior Biomedical Equipment Technician

_____ _____
(Signature) (Date)
(Request will not be processed without signature)

PART II – FACILITY MANAGEMENT SECTION

A7.13. Are suitable utilities, as described in paragraphs A7.5.1. – A7.5.3., available?

( ) No ( ) Yes

If No, explain actions being taken to provide them:

What is the earliest date utilities will be available?

A7.14. Estimated cost of facility modification described in paragraphs A7.5.4. and A7.5.5. needed for installation of this unit: $

Date AF Form 332 was or will be submitted to CE:

(Must match date in paragraph A7.5.6. above)
Estimated earliest possible completion date of these facility modifications:

A7.15. Additional comments:

_____ _____
Printed Name/Grade of Facility Manager (Phone)

_____ _____
(Signature) (Date)
(Request will not be processed without signature)

PART III – INFORMATION SYSTEMS SECTION

A7.16. Does equipment require connectivity to medical center local area network (LAN)?

( ) No ( ) Yes
If Yes, explain type of connectivity required (i.e. TCP/IP, Ethernet, Token Ring, etc):

What is the data rate required for connectivity (i.e. 10Mbs, 100Mbs, etc.)?

A7.17. Does equipment require a host server? ( ) No ( ) Yes

If Yes, is server operating system Microsoft Windows 2000 or higher? ( ) No ( ) Yes

If No, what operating system is being used?

If Yes, do you require server administration support? ( ) No ( ) Yes

Does system purchase include server administration training? ( ) No ( ) Yes

If Yes, are funds available to fund travel and per diem to attend training? ( ) No ( ) Yes

Location of training:

A7.18. Does system require remote dial up access via modem lines or Internet?

( ) No ( ) Yes If Yes, [ ] Modem [ ] Internet

If system requires modem lines, has Remote Access System account been requested from SGSI? ( ) No ( ) Yes
Note: Requester must submit application for Remote Access System account prior to gaining access to Air Force Network. Internet connectivity requires data encryption on both ends.

Explain purpose of remote access:

A7.19. Is the process of applying software updates and security patches outline in A7.5.7. acceptable? ( ) No ( ) Yes

If not, explain an acceptable solution for updating software and applying patches:

A7.20. Additional comments:

_____ _____

(Printed Name/Grade) (Phone)
Information Systems Officer

_____ _____

(Signature) (Date)
(Request will not be processed without signature)

Attachment 8

SAMPLE STATEMENT OF UNDERSTANDING

The (name and address of the manufacturer), hereinafter called Vendor, shall provide to (name of USAF medical facility), hereinafter called the Government, (name of property to be user tested) for the purpose of an informal user evaluation of the property.

The Vendor shall provide the property at no cost to the Government. Vendor shall bear all expenses for transportation, installation, removal, operational supplies, and repair parts.

The Vendor shall be responsible for scheduled and` unscheduled maintenance of the property. When repair service is unavailable or inconvenient, Vendor may authorize Air Force biomedical equipment technicians to perform the maintenance.

Vendor understands that this evaluation is without monetary consideration for the use of the property. It is for evaluation only and does not obligate the Government to purchase the property or any other products or services at the present or any future time.

Vendor will deliver the property on or about (date). The Government may evaluate the property for a period not to exceed _____ days.

The Government agrees to use the property for evaluation only and to use the property in an environment and under circumstances consistent with the property's design and intended use. The Government further agrees to provide reasonable care and safeguard of the property while it is in the Government's possession.

Vendor and the Government understand that the results of the evaluation may not be used as an endorsement by the Government of the property or the Vendor and may not be used for promotional purposes,.

Vendor will indemnify, save harmless and forever defend the Government from and against any and all claims, actions, debts, liabilities, and attorney's fees arising out of, claimed on account of, or in any manner predicated upon loss of, or damage to the property of, or injuries to, or death of any and all persons whatsoever, in any manner caused by or attributed to Vendor or Vendor's agents, servants, or employees while in, on or about (name of military installation) or attributed to the failure or malfunction of the property provided by Vendor during the period of the Government's use, test, or evaluation of the property.

Endorsements of Authorized Representatives:

_____ _____

(Vendor's Authorized Representative) (Date)

_____ _____

(Using Activity Representative) (Date)

_____ _____

(Medical Logistics (includes MLFC, MEMO, BMET, and Facility Manager coordination, as appropriate)) (Date)

_____ _____

(Contracting Office Representative) (Date)

Attachment 9

CONSTRUCTION AND MATERIEL SCHEDULE FOR EQUIPMENT

A9.1. The term contractor refers to the building contractor.

Table A9.1. Construction and Materiel Schedule.

Category	Furnished	Funds	Installation	Funds
A	Contractor	MCP	Contractor	MCP
B	Government	Other	Contractor	MCP
C	Government	Other	Government	Other
D	See A9.2.	-	-	-
E	Government	MCP	Contractor	MCP
F	Government	MCP	Government	MCP

A9.2. This is a catch-all category for leased or rented equipment, or equipment obtained under special conditions. Funding is determined by the using service.

Attachment 10

FORCE HEALTH PROTECTION (FHP) AUTHORIZATION LIST

Figure A10.1. FHP Authorization List.

NSN	Nomenclature	Size	U/I
Self Administered BWCW Program			
6505012740951	Diazepam Autoinjector, 10mg, 2ml	1s	EA
6505013334154	Ciprofloxacin Hydrochloride Tablets, 500 mg	100s	BT
6505010954175	Doxycycline Hyclate Tablets, 100mg	50s	BT
6505011787903	Pyridostigmine Bromide Tablets, 30mg	210s	PG
6505013627427	Antidote Treatment Nerve Agent Autoinjector	1s	EA
6505015075074	Reactive Skin Decontamination Lotion, 21ml	60s	PG
Clinician Administered BCWB Program			
6505009578089	Atropine Sulfate Injection, 1mg/ml	25s	PG
6515004627348	Syringe, hypodermic, 3ml, Luer lock tip	100s	PG
6515007542838	Needle, Syringe, hypodermic, 21 gauge	100s	PG
6510007863736	Pad, isopropyl alcohol	200s	PG
6505010801986	Pralidoxime Chloride, 1gm	6s	PG
6515014123101	Syringe, hypodermic, 20ml, Luer lock tip	40s	PG
6505005825079	Sterile water for injection, 20ml	25s	PG
Anti-Malaria Prophylaxis AMCP Program			
650512679662	Chloroquine Phosphate Tablets, 500mg	500s	BT
6505013151275	Mefloquine Hydrochloride Tablets, 250mg	25s	BT
6505010954175	Doxycycline Hyclate Tablets, 100mg	50s	BT
6505014919430	Malarone Tablets, 250/100mg	100s	BT

Attachment 11

CONVULSANT ANTIDOTE FOR NERVE AGENT INJECTOR ISSUE INSTRUCTIONS

Figure A11.1. Convulsant Antidote Nerve Agent Injector Issue Instructions.

Date: _____

MEMORANDUM FOR (Organization)

FROM: (Medical Logistics Activity)

SUBJECT: Mass Issue of NSN 6505-01-274-0951, Convulsant Antidote, Nerve Agent (Diazepam) (CANA) Injector

(Name of Troop Commander). (Organization), (Duty Location/Issuing Base),has been provided _____ each CANA injectors (NSN 6505-01-274-0951), and a copy of these instructions for transporting to the deployed site.

GENERAL

NSN 6505-01-274-0951 is a Code Q controlled substance and must be safeguarded IAW AFI 41-209, *Medical Logistics Support*, Chapters 5 and 11. Code Q applies to drugs or other substances designated by the DEA as Schedule III, IV, or V controlled substances.

AUTHORIZATION

When local threat conditions dictate, the Combatant Commander will direct the issue of CANA injectors on the deployment order. The troop commander will be briefed on controlled medical item guidance and procedures for controlling/safeguarding controlled medical items in accordance with Chapter 5. Upon signature by the troop commander, responsibility for maintaining a complete audit trail for the receipt and delivery of the materiel is assumed. The troop commander acts as a courier, and if directed by the AFFOR/SG, will ensure the materiel is turned into the medical activity at the deployed site. The medical activity must sign for the materiel and provide documentation of the turn-in to the troop commander. Upon redeployment, the troop commander must turn the documentation into their home station medical logistics activity to complete the audit trail.

ISSUE

Medical Materiel personnel will issue the Code Q item, along with other BW/CW material, to the appropriate cost center (organization). When funds are not available at time of deployment, the PFMR should be set to go negative. Medical Materiel personnel will maintain a copy of the signed issue document in the vault.

STORAGE and SAFEGUARDING

NSN 6505-01-274-0951 must be safeguarded against theft or improper use. The troop commander will protect the materiel from prolonged exposure to extreme hot or cold temperatures (below 59 and above 86 degrees Fahrenheit) to the degree possible. If this temperature range cannot be maintained, the troop commander will document the storage temperature, duration of exposure and other relevant environmental conditions and provide this information to the medical activity at the deployed location. When medical logistics issues the items, use AF Form 1297, *Temporary Issue Receipt* (or similar document) to provide an audit trail. An informal issue log, signed by the recipient is also acceptable. The individual recipients must be made aware of the sensitivity of the item and informed of potential hazards of misuse. The troop commander should be made aware of any actual usage of the item during transport.

A signed copy of this letter will remain with the medical materiel vault custodian.

"I certify that I have read this letter and understand the necessary procedures for storage and safeguarding."

_____ _____

(Signature of Troop Commander) (Date)

_____ _____

(Signature of Issuer) (Date)

Attachment 12

BW/CW BULK ISSUE DISTRIBUTION (EXAMPLE)

(Date)

MEMORANDUM FOR (Deploying Organization)

FROM: (Issuing Organization)

SUBJECT: Biological/Chemical Warfare (BW/CW) Antidotes

The below listed medical Biological/Chemical Warfare (BW/CW) assets have been issued to (Organization), (Office Symbol), (Phone Number), (Operational Deployment Name), (Expected Deployment Length) in support of the DoD program for defense against BW/CW agents.

This letter also serves as certification that the following troop commander was briefed on controlled medical item guidance and procedures for controlling/safeguarding controlled medical items in accordance with Chapter 5. The Convulsant Antidote, Nerve Agent (diazepam) (CANA) injector is a code Q, controlled substance and must be safeguarded as designated by the Drug Enforcement Agency for Schedule III, IV, and V controlled substances. Upon signature of this letter, the troop commander assumes responsibility for maintaining a complete audit trail for the receipt and delivery of the materiel. The troop commander/individual acts only as a courier and if directed by the AFFOR/SG, will ensure the materiel is turned into the medical logistics activity at the deployed site. The medical activity must sign for the materiel and provide documentation of the turn-in to the troop commander. Upon redeployment, the troop commander must turn the documentation into their home station medical logistics activity to complete the audit trail.

The following information must be provided to determine total BW/CW issue requirements:

A. 6505-00-957-8089 Atropine Sulfate Injection, 1mg/ml vials, 25s:

Number of Personnel: _____ x 10 vials per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

6515-00-462-7348 **Syringe, hypodermic, 100s: and;**
6515-00-754-2838 **Needle, syringe, hypodermic, 100s:**

Number of Personnel: _____ x 5 each per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

6510-00-786-3736 **Pad, Isoprophyl Alcohol Impregnated:**

Number of Personnel: _____ x 12 each per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

6505-00-926-9083 **Atropine Sulfate auto injector, 2mg;**

Number of Personnel: _____ x 3 each per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

B. 6505-01-080-1986 Pralidoxime Chloride Powder, 1 gm:

Number of Personnel: _____ x 1 each per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

6505-00-582-5079 Sterile Water for Injection, 20ml flip-top vial, 25s:

Number of Personnel: _____ x 1 vial per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

6515-01-412-3101 Syringe, Hypodermic, 25s: and;
6515-00-754-2838 Needle, syringe, hypodermic, 100s;

Number of Personnel: _____ x 1 each per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

6510-00-786-3736 **Pad, Isopropyl Alcohol Impregnated:**

Number of Personnel: _____ x 12 each per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

-OR-

6515-01-125-3248 **Pralidoxine Chloride auto injector:**

Number of Personnel: _____ x 3 each per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

C. 6505-01-178-7903 **Soman Nerve Agent Pretreatment Pyridostigmine Bromide Tabs, 30 mg, 210s:**

Number of Personnel: _____ x 42 each per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

D. 6505-01-273-8650 Ciprofloxacin Tabs, 500 mg, unit dose:

Number of Personnel: _____ x 60 tablets per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

E. 6505-01-274-0951 (Or equal) CANA injector, 10mg:
(NOTE: Controlled item, issue accordingly)

Number of Personnel: _____ x 1 each per individual

Total requirement: _____ (Round-up for full unit of issue)

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Manufacturer _____ Lot Number _____ Qty _____

Total Qty _____

Turn-in of all unused BW/CW assets will be accepted by the issuing medical logistics account. If this is not feasible, assets may be returned to any Air Force medical logistics activity.

Issued by:

_____ _____

(Issuing Activity Representative) (Date)

Received by:

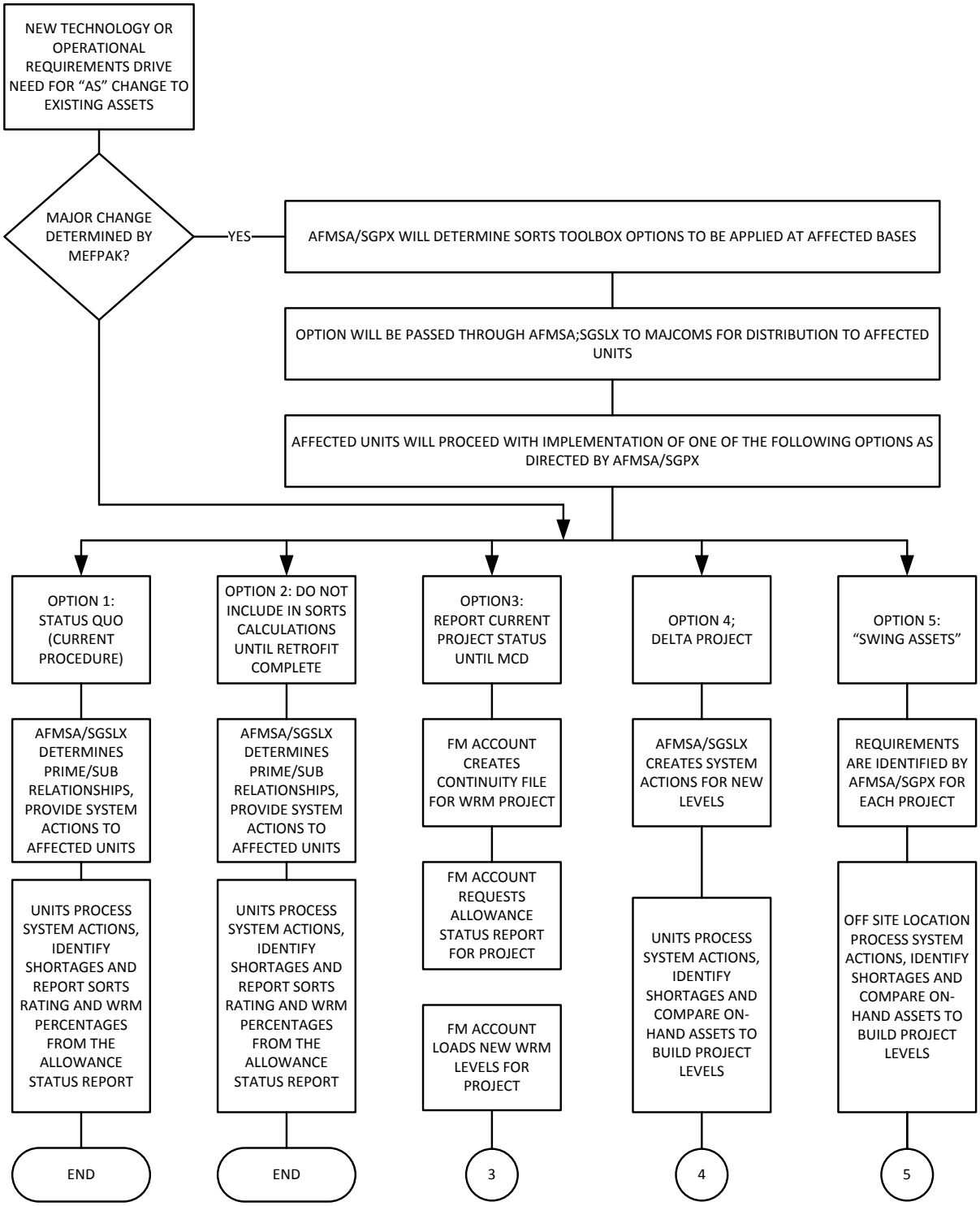
_____ _____

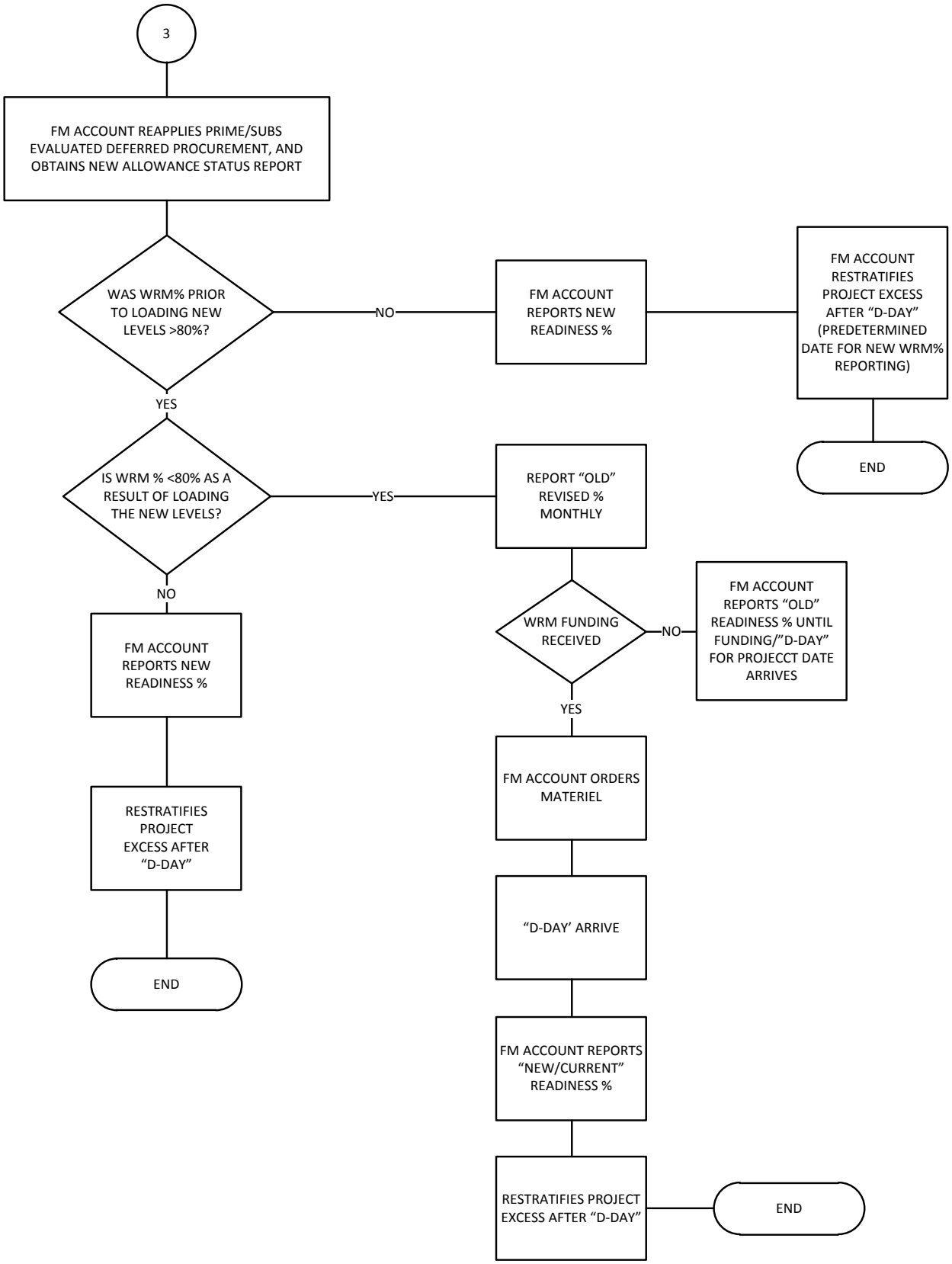
(Requesting Activity Representative) (Date)

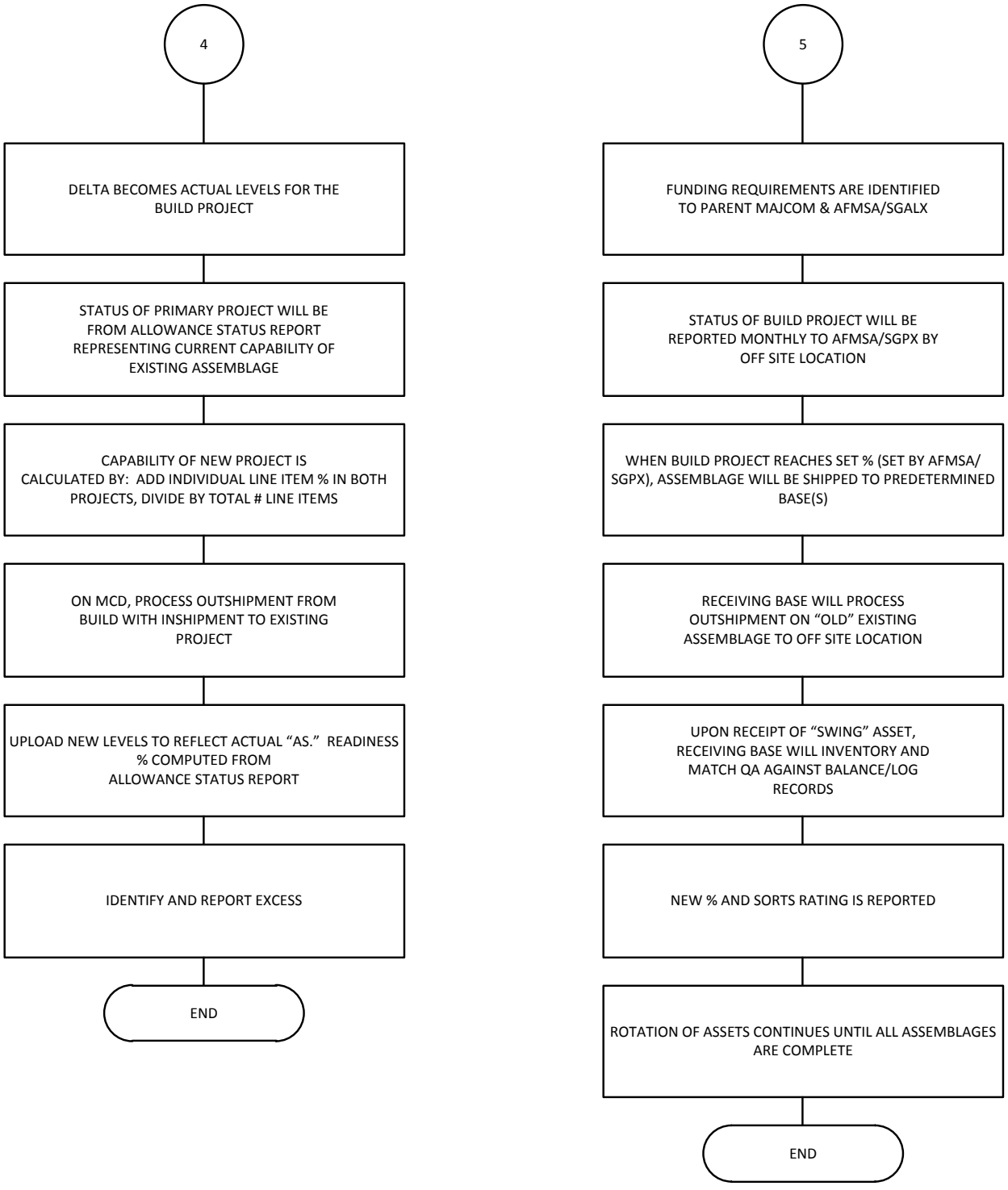
Attachment 13

STATUS OF RESOURCES AND TRAINING SYSTEM REPORTING OPTIONS FLOWCHART

Figure A13.1. Status of Resources and Training System (SORTS) Reporting Options.




3
FM ACCOUNT REAPPLIES PRIME/SUBS EVALUATED DEFERRED PROCUREMENT, AND OBTAINS NEW ALLOWANCE STATUS REPORT
WAS WRM% PRIOR TO LOADING NEW LEVELS >80%?
NO
FM ACCOUNT REPORTS NEW READINESS %
FM ACCOUNT RESTRATIFIES PROJECT EXCESS AFTER "D-DAY" (PREDETERMINED DATE FOR NEW WRM% REPORTING)
END
YES
IS WRM % <80% AS A RESULT OF LOADING THE NEW LEVELS?
YES
REPORT "OLD" REVISED % MONTHLY
NO
FM ACCOUNT REPORTS NEW READINESS %
WRM FUNDING RECEIVED
NO
FM ACCOUNT REPORTS "OLD" READINESS % UNTIL FUNDING/"D-DAY" FOR PROJECCT DATE ARRIVES
YES
FM ACCOUNT ORDERS MATERIEL
RESTRATIFIES PROJECT EXCESS AFTER "D-DAY"
"D-DAY' ARRIVE
END
FM ACCOUNT REPORTS "NEW/CURRENT" READINESS %
RESTRATIFIES PROJECT EXCESS AFTER "D-DAY"
END


4
DELTA BECOMES ACTUAL LEVELS FOR THE BUILD PROJECT
STATUS OF PRIMARY PROJECT WILL BE FROM ALLOWANCE STATUS REPORT REPRESENTING CURRENT CAPABILITY OF EXISTING ASSEMBLAGE
CAPABILITY OF NEW PROJECT IS CALCULATED BY: ADD INDIVIDUAL LINE ITEM % IN BOTH PROJECTS, DIVIDE BY TOTAL # LINE ITEMS
ON MCD, PROCESS OUTSHIPMENT FROM BUILD WITH INSHIPMENT TO EXISTING PROJECT
UPLOAD NEW LEVELS TO REFLECT ACTUAL "AS." READINESS % COMPUTED FROM ALLOWANCE STATUS REPORT
IDENTIFY AND REPORT EXCESS
END
5
FUNDING REQUIREMENTS ARE IDENTIFIED TO PARENT MAJCOM & AFMSA/SGALX
STATUS OF BUILD PROJECT WILL BE REPORTED MONTHLY TO AFMSA/SGPX BY OFF SITE LOCATION
WHEN BUILD PROJECT REACHES SET % (SET BY AFMSA/ SGPX), ASSEMBLAGE WILL BE SHIPPED TO PREDETERMINED BASE(S)
RECEIVING BASE WILL PROCESS OUTSHIPMENT ON "OLD" EXISTING ASSEMBLAGE TO OFF SITE LOCATION
UPON RECEIPT OF "SWING" ASSET, RECEIVING BASE WILL INVENTORY AND MATCH QA AGAINST BALANCE/LOG RECORDS
NEW % AND SORTS RATING IS REPORTED
ROTATION OF ASSETS CONTINUES UNTIL ALL ASSEMBLAGES ARE COMPLETE
END

Attachment 14

MEMORANDUM OF AGREEMENT (MOA) BETWEEN (REQUESTING UNIT OR AGENCY) TO REIMBURSE THE AFWCF/MDD FOR THE LOAN OF WRM EQUIPMENT PACKAGES (EXAMPLE)

I. Purpose. This agreement establishes the financial arrangements between the (requesting unit) and the AFWCF/MDD to reimburse the AFWCF/MDD for loan of (identify the WRM equipment package(s)) to support (request unit or agency).

II. Description of Services to be Provided. The Air Force Medical Service must maintain the capability to respond on an as required basis to contingencies and to meet the needs of the (federal agency activity being supported) that has limited (identify the support) capabilities. The loaned materiel is subject to immediate recall in the event of a higher priority mission tasking arising unexpectedly.

III. Basis for Reimbursement.

a. This agreement is entered into under the provisions of DoD Financial Management Regulation 7000.14-R, Volume 4, Chapter 4, Paragraph 040405.

b. Under the terms of this agreement, the AFWCF/MDD shall collect for the costs of items used, damaged or lost during the loan period after coordination with (applicable MAJCOMs, and the borrowing unit). Funding action will not occur until coordination is complete.

c. Medical Logistics (ML) will follow guidance in AFI 41-209, paragraph 13.28.9, when the equipment package returned from borrowing activity. A complete list of shortfall and damaged items indicating dollar by line item will be provided to the borrowing unit. The loaning MDG should order replacement supplies within 30 days of receiving funding for the exercise.

IV. Procedural Arrangements.

a. The borrowing unit shall incur all costs associated with this loan to include transportation to and from the borrowing unit and training site (including any overnight express shipping back to the loaning organization if the equipment is recalled). _____ (borrowing unit) will also provide funds to repair or replace any of the units that are damaged during the loan period to include transit to and from loaning organization.

b. The (borrowing unit/federal agency) will provide accounting data for resulting billings. The voucher shall be sent or delivered as part of the normal finance billing cycle to _____ (borrowing unit) within 30 days after the month in which the transaction occurred. The total cost of assemblages borrowed under this MOA is $XXX,XXX.XX.

b. Ordering. The (borrowing federal agency) will provide accounting data for resulting billings.

c. Billing. The AFWCF/MDD will bill the (borrowing federal agency) at the completion of the loan. A breakdown of actual cost elements being reimbursed is available upon request. The voucher shall be sent or delivered as part of the normal finance billing cycle to the (borrowing federal agency) within 30 days after the month in which the transaction occurred. Assets not returned within 120 days of loan will be billed for their complete cost. The total cost of assemblages borrowed under this MOA is estimated at $ _____.

d. Payment of Bills. The (borrowing federal agency) paying office will forward check payment(s) along with a copy of billed invoice(s) to appropriate addresses listed on billing invoices within 30 days of the date of invoice, unless the SF 1080 is identified as "no check required." Bills rendered shall not be subject to audit in advance of payment.

V. Effective Date. This agreement is effective (start date) and will terminate on (end date).

_____ _____

(Borrowing Federal Agency Authority) Medical Organization Commander
(AFWCF/MDD Component)

Attachment 15

SUBJECT INDEX